

STATE REGISTRAR

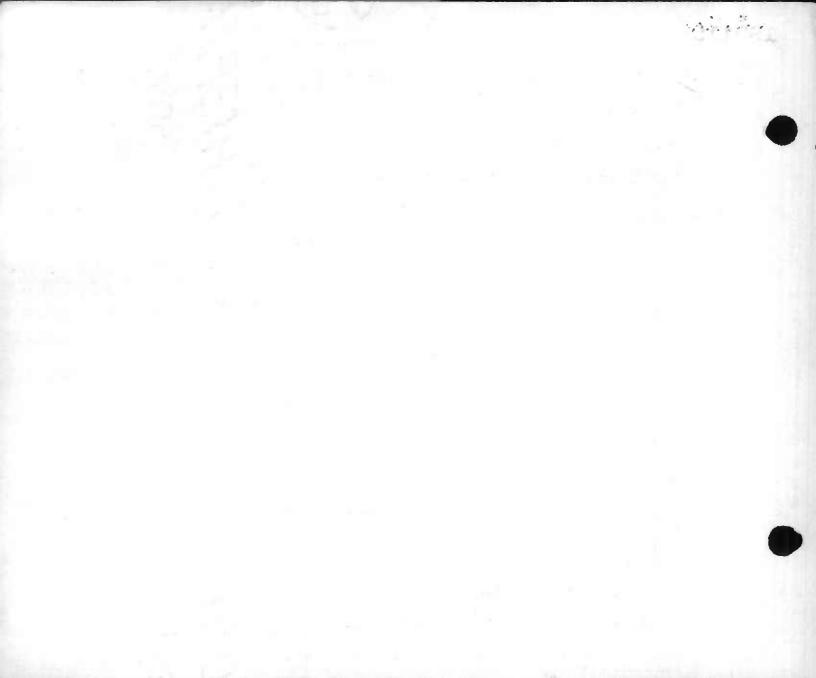
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | 85 | -10 | 73 | 91 |
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| 0. | 00 | | 10 | 11 |

| , | REGISTRAR | | | | | | | SQ REC | | | | | |
|-----------------------|--|---|--|--|--|---|--|---|--------------------------------------|-------------------------------------|---|--|---------------------|
| | CE ASED NAME | FIRST | ٨ | AIDDLE | L/ | AST | | 2a. DATE OF DEAT | Н мон | HIN HIN | DAY YEAR | 26 HO | UR |
| TYPE | OR PRINT) | ouise | | | Hir | nes | | | 7 | 11 | , 19 | 85 | - |
| 3 SEX | | | RACE | | 5. DATE O | | | 6. AGE (IN YEARS LA | ST BIRTHDA | | IF UNDER TYE | | |
| | Female | | Negro | | MONTH 9 | 25 | 1900 | 84 | | YRS. | MONTHS DAY | S HOURS | MIN. |
| | RTHPLACE (STATE OR | | | WHAT COUNTRY? | ? 8. | | | 9 BALTIMORE CIT | TY OR C | | OF DEATH | | |
| , | cth Carol | ina | 11 | SA | WIDOWE | | MARRIED | Baltin | nore | Ci | ty, | | N |
| | ITY OR TOWN OF DEA | | . NAME OF H | OSPITAL, NURSI | NG HOME O | | | 120 USUAL OCCU | PATION | | 12b. KINE | OF BUSIN | _ |
| R: | altimore | | | H FACILITY, GIVE STREET N. Broz | - | | | (TYPE OF WORK FOR M | OST OF WO | ORKING LIFE | EI INDUSTE | SA | |
| USU | AL RESIDENCE (IF NURS | | HER INSTITUTION | GIVE RESIDENCE BEFOR | RE ADMISSION) | | | | | | - | | |
| | aryland | 13L COUNTY | | Baltimo | | YES 🔀 | CITY LIMITS? | 1724 N | | | | 212 | 13 |
| | ATHER'S NAME | | | | 710 | - | 'S MAIDEN NAM | AE | | | | | |
|) | unkn. | MID | DOLE | LAST | | | unkn. | MIDC | DLE | | | LAST | |
| | VAS DECEASED EVER | | | 16b. SOCIAL SEC | URITY NO. | 17 INFORM | | Al | DDRESS | | | | |
| | YES, NO OR UNKNOWN) | JIF YES, GIVE W | AR OR DATES) | 212-12- | -7126 | Mrs. | Helen | Booker | 172 | 26 N | I. Wo | lfe s | Str |
| | 18 CAUSE OF DEAT | 11.5 | | | | 1220. | 11011011 | | | | | OXIMATE INTE | |
| | Conditions, if ony gove rise to im- couse (o1, static underlying couse | mediate ng the lost. | (c) | R AS A CONSEOU | JENCE OF | | | | | | | | |
| ATION | gove rise to im- couse (o), static underlying couse PART 2. OTHER SIGI | mediate ng the lost. | DUE TO, OR (c) NDITIONS CC | R AS A CONSEOU | JENCE OF | | | NAL DISEASE OR (| | | EN IN PART | | ED. |
| IFICATION | gove rise to imicouse (0), statis underlying couse | mediate ng the lost. | DUE TO, OR (c) NDITIONS CC | R AS A CONSEQU | JENCE OF | | | 20e AUTOPSY? | 26 IN | Ib. IF YES | , WERE FIN | DINGS USE | TH? |
| AL CERTIFICATION | gove rise to imicouse (o), statir underlying couse PART 2. OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING | mediate ng the lost. NIFICANT COI TIÓN DERLYING CAUSE OF DEATH | DUE TO, OF (c) NOTIONS CO 196 CONDI 216. TIME O HOUR A./ | PAS A CONSEQUENTIAL PROPERTY OF THE PROPERTY O | DEATH BUT | N WAS PERF | ORMED | | 20 | Ib. IF YES CERTIF YE | S, WERE FIN YING CAUS | DINGS USE SES OF DEA NO | TH? |
| MEDICAL CERTIFICATION | gove rise to imicouse (o), statir underlying couse PART 2. OTHER SIGI | mediate ng the ng the lost. NIFICANT COI TION DERLYING CAUSE OF DEATH (CALE EXAMINER) RED | DUE TO, OF (c) NDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE (| R AS A CONSEQUENTIAL TON FOR WHICH | DEATH BUT H OPERATION DAY YEAR 19 | N WAS PERF | ORMED NJURY OCCURR | 200 AUTOPSY? YES NO ED (ENTER NATURE OF | 20 | Ib. IF YES CERTIF YE | S, WERE FIN YING CAUS | DINGS USE SES OF DEA NO (| TH? |
| | gove rise to improve to couse (o), stating underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING THE ETHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 21d. OR NOTIFY MED 21d. OR NOTIFY MEDI 21d. OR NOTIFY MEDI 21d. OR NOTIFY MEDI 21d. | mediate ng the ng the lost. NIFICANT COI TION DERLYING CAUSE OF DEATH CAI EXAMINER RED (this hospital | DUE TO, OF (c) 196 CONDI 216. TIME OF HOUR A./ 216. PLACE ((AT HOME, STR | R AS A CONSEQUENTIAL PROPERTY OF THE PROPERTY | DENCE OF DEATH BUT H OPERATION DAY YEAR 19 FARM.ETC 1 | 216 HOW II | ORMED NJURY OCCURR ION 19 | 200 AUTOPSY? YES NO ED (ENTER NATURE OF | 20 IN | Ib. IF YES I CERTIF YE | S, WERE FIN YING CAUS S TART LORPART: COUNTY | DINGS USE SES OF DEA NO | STATE (we) lo |
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| WEDICAL WEDICAL | gove rise to imicouse (o), statir underlying couse PART 2. OTHER SIGI 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING 1 18 ETHER, NOTHY MEDI 21d. INTRODUCE AT WORK NOTHY OCCUR AT WORK NOTHY OCCUR 22a. I certify that (1) 22b. SIGNATURE 22d. PHYSICIAN'S N. | mediate ng the ng the state lost. NIFICANT COI TION DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CAUSE OF DEATH CALEXAMINER COI GRED AME (TYPE OR PI AME (TYPE OR PI | DUE TO, OF (c) 19b CONDI 21b. TIME O HOUR A./ PORT A./ 21e PLACE (AT HOME, STR | P AS A CONSEQUENT OF THE PROPERTY OF THE PROPE | DEATH BUT H OPERATION DAY YEAR 19 FARM.ETC) NAME OF C | 216 HOW II 216 LOCAT STREE 227 ADDRE | ORMED NJURY OCCURR ION 19 (our) opinion d ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO ED (ENTER NATURE OF CITY APPLICAL DIRECTOR PH | OR TOWN The dote of STAFF TYSICIAN | Ob. IF YES I CERTIF YE YE ITEM 1B P | COUNTY | DINGS USE SES OF DEA NO 2) -, that (I) he couses s' | STATE (we) lo |

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| MARYLAND 21201 | |
| BALTIMORE, I | |
| IIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 | |
| 201 W. | |
| RECORDS, 3 | |
| OF VITAL | |
| DIVISION | |
| (| |
| | |

| | 1. | STATE REGISTRAR | DE | CERTIFICATE OF DEAT | TH REG N | 85-19392 |
|--|---------------|--|---|--|--|--|
| 192033 | | CEASED NAME FIR | O L MIDDLE | 120ths | 20 DATE OF DEATH | 17 04 85 1238 PM |
| ge 4 mo | 1 SE | M | Cancasios- | MONTH ONTO | O4 6 AGE (IN YEARS LAST BIR | MONTHS DATS HOURS MIN. |
| deoth Po | | RTHPLACE (STATE OR FOREIG | . USA | MARRIED LIGHT DINOR | CED BALT | OR COUNTY OF DEATH |
| by the filled with | 1 | BALT. CIT | (IF NOT IN SUCH FACULTY, GI | 70. HOST Gree | | UNDUSTRY INDUSTRY INDUSTRY |
| filled in hould be | 13a. S | 110 - | OME OR OTHER INSTITUTION GIVE RESIDENT | DR TOWN 13d INSIDE CITY L | 0 -375-11 | ZIP CODE #29 109 Beech- |
| ampletel and 2 s | Ro | bert +/// | L. | ast Mary | MACOULE R. | Walter |
| be exection and of the section of th | No | VAS DECEASED EVER IN U | .S. ARMED FORCES? 166 SOCIA YES, GIVE WAR OR DATES) 215 | -01068 Mrs. Alic | 120 S. Tremont e Strine | #21229 |
| g physica son popel removal. | | PART I. DEATH WAS C | nter only one couse per line for (o) CAUSED BY: MEDIATE CAUSE (o) | musty Fa | Muy | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH |
| e deoth c ottendin nove cork totion, or troumatic | | Conditions, if ony, wh | | ASSOCIATED L | uny Carcin | om UNK. |
| es that the red by the please rer urial, crem | | | (c) | | | |
| require | ATION | 190 DATE OF OPERATION | mutution- | NG TO DEATH BUT NOT RELATED TO T WHICH OPERATION WAS PERFORME | | IDITION GIVEN IN PART 110 |
| The low strion. The low strion. The low strion in the hos but he | CERTIFICATION | N.A. | | N.A. | YES NO P | YES NO |
| HYSICIAN ding physic certifico buridi-tror Mentol Hy or Item 18 | MEDICAL C | OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX | OF DEATH HOUR A.M. MON | TH DAY YEAR 19 211 LOCATION | The state of the s | |
| OING PH After this e as the k olth and i | ME | WHILE AT WORK | | OFFICE, FARM, ETC.) STREET | CITY OR TO | OWN COUNTY STATE |
| R ATTENIA hospital RECTOR. ned for us ppt. of He rem 21 is r | | sow the decased al | 116 | and that in (my) (our | apinion death accurred on the d | ate and have and from the causes stated |
| by the ERAL DI the detach Stote De NATI: If It | | 22d PHYSICIAN'S NAME | TYPE OR PRINT) | ATTEN | IDING MEDICAL STA | FF 7/4/6 |
| TO HOSE retained TO FUN should b with the IMPORT | 23a. F | CICHAL SURIAL, CREMATION, REM | OVAL 1236 DATE | CAN 170 | SU- CREM | u St. |
| BP | | Burial UNERAL DIRECTOR | 7-8-85 | Meadowridge Mem. H | CITY OR TOWN | Howard Md. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | G | Truman So | | Frederick Ave. | JUL 9 1985 | AND REGISTRAN'S SIGNATURE # |

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| | STATE OF MA |
|-------------------------------|------------------------|
| 13055 1 - FOR STATE REGISTRAR | DEPARTMENT OF HEALTH A |
| REGISTRAR | CERTIFICATE |

RYLAND ND MENTAL HYGIENE OF DEATH

| 85- | 1 | 9 | 30 | 7 | 3 |
|-----|---|---|----|---|---|
| | - | | | | |

| | - | REGISTRAR | | | CEKITE | ICAIL OF DEATH | REG.NO. | | | |
|-----|---------------|--|--------------------|---------------------------|----------|---------------------------------|--|----------------|------------------------|--------------------|
| | | CEASED NAME FIRST | | MIDDLE | 1 | AST | 20. DATE OF DEATH | MONTH DAT | PEAR | 26 HOVR |
| | TYPE | GEORGE | | John | HO | cK. | | 7 28 | 85 | 3. 45am |
| | 3. SEX | | 4. RACE | | | OF BIRTH | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | IF UNDER 24 HRS |
| | | r'ale | Course | wich. | 8 MONTH | 80 80 | 75 | YRS | NIHS DAYS | HOURS MIN. |
| 7 | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D MEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | FDEATH | |
| | | Maryland | USA | | WIDOWE | D DIVORCED | City | | | MD. |
| 2 | 150 | ITY OR TOWN OF DEATH | (IF NOT IN SUC | H FACILITY, GIVE STREET A | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126 KIND O INDUSTRY | OF BUSINESS OR |
| 2 | | altimore | | Samari tan | | pital | Sales G | ulf Oil | Co. | |
| 5 | | AL RESIDENCE (IF NURSING HOME) TATE Md. 13b CC | | 130 CITY OR TOWN | N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| 4 | 14 5 4 | | | B _{altimo} | re | YES NO | 5356 Per | ring Pa | rkway | 21234 |
| je. | 14 FA | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | MIDDLE | | LAS | т |
| | | Charles | | ock | | Virginia | | | - | |
| 1 | | VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES. | ARMED FORCES? | 166 SOCIAL SECUR | | 17 INFORMANT | ADDR | ESS | | |
| | | no | | 214-01-3 | 950 | Mr. Charles | Hock 316 E | linor A | ve. 21 | .236 |
| | | 18 CAUSE OF DEATH (Enter | only one couse per | line to (b), and | IC1 |) (| | | BETWEEN | MATE INTERVAL |
| | | PART I. DEATH WAS CAU | DISED BY | 16551 | BIE | Lympho | AM | | | |
| | | | DUETO | R AS A CONSEQUE | NCE OF | 1 | | | | |
| | | Conditions, if any, which | DUE 10, 0 | K AS A CONSEQUE | IACE OF | | | | | |
| | 100 | gove rise to immediate couse (a), stating the | , | | | | | | | |
| | | underlying couse lost | DUE TO, O | R AS A CONSEQUE | NCEOF | | | | | |
| | | PART 2 OTHER SIGNIFICAN | T CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OF CON | DITION GIVEN | LINI DADT 1 | |
| | NO | THE STORY OF THE STORY | | SIVINIBOTIIVO TO D | DOT | NOT KEERIED TO THE TERM | III AL DISLASL OR COR | DITION OIVER | I II I AKI III | |
| 5 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V | | |
| | IFIC | | 3 BY | | | | VES SO NOT | | NG CAUSES | OF DEATH? |
| | ERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME C | F INJURY | | 21c HOW INJURY OCCURE | YES NO YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | |
| 1 | | OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | M. MONTH DA | Y YEAR | | TEO (EINER MICHES) MICH | | 7 0117 -1111 07 | |
| | MEDICAL | 21d INJURY OCCURRED | P. 21e. PLACE | M. · | 19 | 211 LOCATION | | | | |
| | MEC | WHILE NOT WHILE | | REET, FACTORY OFFICE, FA | ARM ETC) | STREET | CITY OR TO | NWN | COUNTY | STATE |
| H | | AT WORK | | | | | Part . | - D- | 100 | |
| | | 22a I certify that (I) (this ha | 2116 | e deceased from | | 19.85 | to | . 19 | | that (I) (we) lost |
| | | sow the deceased alive above, (1) (we) (did) (did | not) view the body | ofter death. | | nd that in (my) (our) opinion (| death accurred on the d | ate and hour a | nd from the | couses stated |
| | П., | 226. SIGNATURE | | | 30.0 | DEGREE | WEDICAL STA | | 22c. DATE | SIGNED |
| | | CV-1811 | une. | | | ATTENDING PHYSICIAN | MEDICAL STA | | 17/2 | 815 |
| | | 22d. PHYSICIAN'S NAME (TY | PE OR PRINT) | | | 220 ADDRESS | 1 committee | in Hos | gil w | |
| | | HUIE, VICTOR | | | | 12 680 | 256 | |) . | |
| | | BURIAL, CREMATION, REMOV | AL 236 DATE | 23c N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | OLINITY . | ***** |
| | | Burial | Aug.1 | .1985 Mo | st Ho | ly Redeemer | Baltime | | Md YIMUO | STATE |
| | 24 Fu | INERAL DIRECTOR | 2.0 | | | 15a DAT | E REC'D. BY REGISTRAR | 256. REGISTRA | R'S SIGNAT | URE |
| | | TO TAKE | r, inc. i | Baltimore, | Mar | yland J | UL 30 1985 | gariano | evidon | Adapte M. |

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Surini Aug. 1,1987 | Oak | Oly | Coleman | Daltimore | Leonard | Jack, line | Daltimore |

| 04 04 9 | | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | B MG NO | 0 1 9 3 9 4 |
|--|-------|---|---|---|--|--|
| 21312 | 1 | DECEASED NAME FIRST YPE OR PRINT) GEORI | GE H. | HOCKER | | MONTH DAY YEAR 26 HOUR |
| oy b | 2 | SEX | I RACE | I DUCKER | JULY 27 | |
| ge 4 m | 3 | Male | White | Feb. 11,1907 YEAR | 78 | MONTHS DATS HOURS MIN. |
| death. Poureral Nin 72 hours | 5 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania | 76 CITIZEN OF WHAT COUNTRY USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | | R COUNTY OF DEATH ORE CITY |
| s ofter o | | CITY OR TOWN OF DEATH LTIMORE | (IF NOT IN SUCH FACILITY, GIVE STRE | ING HOME OR OTHER INSTITUTION ET ADDRESS) KINS HOSPITAL | 12a USUAL OCCUPATION FOR MOST OF EXECUTIVE | |
| A A Service | 35 13 | Maryland | OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c CITY OR TO Baltim | ore YES X NO [| 13e.STREET ADDRESS / 211 WOOD | ZIP CODE Ilawn Rd. 21210 |
| T. O. Marine | 2- | | artin Hocke | | ne widdle | Hanshue |
| DICA ARDS | 1 160 | I. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES O | TOPE WILL OR OR DATES | -3086A Sara Elizabe | th Hocker | Same |
| Physical Phy | 7 | | only one couse per fine for (a), (b), one couse per fine for (a), | ac Arrest | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Horn or re | | Conditions, if ony, which | DUE TO, OR AS ACONSEQ | VENCE OF Galein | | 30 m. n. K |
| CIAN: The low requires that the depth certificate be executed by physician specifically by PRACOVAL PANCED THE ALM STANDING THE DISCLAR PROPERTY OF THE OWNER OWNER OF THE OWNER OWN | | gove rise to immediate couse (a), stating the underlying couse last | DUE TO, OR AS A CONSEQ | VENCE OF Hentfuilu | e | Years |
| requires | 200 | SUBO | | ma | | DITION GIVEN IN PART 110 |
| The low cron. | 9 | 7-1/6/8 W 7/2 | 5/8/ Susdenl | HOPERATION WAS PERFORMED | 200 AUTOPSY? YES NO | 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| SICIAN. 19 physic cert fogu- right Con- rig | 1 1/4 | OR COMPRISION THE THE OF C | CAIN | DAY YEAR 1988 Fell ON | T of ker | Y IN ITEM 18 PART I ORPART 2) |
| AG PHYSis of their this ce | 7 | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY LATHOME STREET FACTORY OFFICE LO MIG | 21f LOCATION SIREET | CITY OR TO | WN COUNTY STATE |
| TTENDING OF PERSON | 30 | saw the deceased alive o | pital) attended the deceased from 19. not) view the bady after death. | and that in the our applies | suprest para ford | , that (I) (we) last |
| AL DIRECTOR AL DIRECTOR OF DEPT OF THE MENT OF THE MEN | | Chiley | Mound | ATTENDING | MEDICAL STAF | 220 DATE SIGNED |
| TO HOSPITAL TO FUNERAL should be deter with the State IMPORTANT: | 1 | Charles 1 | M. Herrison | - MD 5415Com | raction t Au | e#70 wash DC |
| BP | 23 | BURIAL, CREMATION, REMOVA (SPECIFY) Burial | | NAME OF CEMETERY OR CREMATORY Druid Ridge | 23d LOCATION CITY OR TOWN Pikesville | e, Baltimore Co., Mo |
| DHMH - 16 60M 7/1 | 24 | FUNERAL DIRECTOR | | 125 - DA | TE REC'D. BY REGISTRAR | 25h.REGISTRAR'S SIGNIATURE |
| (VRA 15. 4) |)4 | Mitchell-Wiedef | eld Home, Inc. B | alto., Md.21212 | 3 0 1985 | the burlow-Handell |

APPRIARIE DESIGNATION TO SANSANCE ACCESSIONING

STATE OF MARYLAND

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|-----------|------|---------|-----|--------|---------|
| DEPARTMEN | T OF | HEALTI | AND | MENTAL | HYGIENE |
| - | TOT | IEIC AT | EOE | DEATH | |

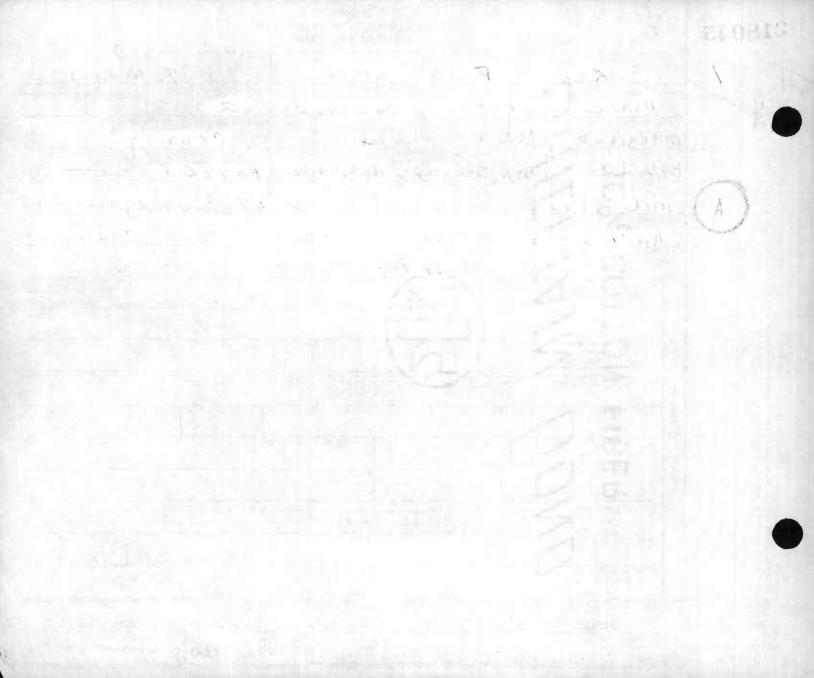
| J | REGISTRAR | | | | CERTII | ICATE OF | LAIN | | REG. N | O. | 1 0 | 7 | |
|---|----------------------------------|---|------------------------------|--|----------------|-----------------|---------------------|------------|-------------------|------------|----------------------|------------|-------------|
| ı | I. DECEASED NAME | FIRST | | MIDDLE | t | AŠT | | 20. DATE | OF DEATH | MONTH | DAY YEAR | ₩ 26 H | OUR 🔾 |
| 1 | TISE ON PRINTS | CARSO | N | F. | HC | DERL | | | | 7- | 30-85 | 4:0 | 00 A % |
| | 1. SEX | 1 | RACE | | 5. DATE C | | | 6 AGE | IN YEARS LAST BIR | THDAY) | MONTHS DAY | | DER 24 HRS |
| | MALE | 2 | | IITE | \$4 | 09 | YEAR 23 | 16 | 62 | YRS. | | HOUR | 2 WIN. |
| | G BIRTHPLACE (STAT | E OR FOREIGN 7 | b. CITIZEN OF | WHAT COUNTRY? | MARRIE | D NEVER | MARRIED - | 9 BALTI | MORE CITY O | R COUNT | TY OF DEATH | | |
| 1 | MARYIA | NDI | us | 4 | WIDOWE | | VORCED | | Baltimo | ore C | ity | | MD. |
| / | I CITY OR TOWN OF | DEATH | | HOSPITAL, NURSIN | | R OTHER INS | TITUTION | | AL OCCUPATI | | UFE) TINDUSTR | OF BUS | INESS OR |
| | baltimor | C | BON | Secou | RSH | tospi | +AL | | hinist | ==4 | Manuf | | uring |
| Ź | JAL RESIDENCE (# | NURSING HOME OF C | | GIVE RESIDENCE BEFOR | | 13d. INSIDE C | ITY LIMITS? | 13e STRE | ET ADDRESS | / ZIP COD | DF. | | |
| J | Maryland | Balt | imore | Catonsv | | YES 🗌 | NO NO | 47 | | nba | | e. | 71228 |
| 2 | FATHER'S NAME | | MODIE | LAST | | 15 MOTHER | S MAIDEN NA | ME | MIDOLE | 76 | - | | |
| è | Char] | les . | Joseph. | Hoerl | -2 | Į. | lary | | Virg | | Ca | arso | n |
| | 160 WAS DECEASED E | | MED FORCES? | 166. SOCIAL SECU | JRITY NO. | 17 INFORMA | ANT | | ADDRE | ESS | | | |
| ė | YES | | II | 218-14- | 9634 | Mary V | . Hoer | 1 47 | Blooms | oury | Ave. 2 | 2122 | 8 |
| | 18 CAUSE OF D | EATH (Enter anly | y ane cause per | line lar (a), (b), an | nd (cs) | | | | | | APPRC BFTWEE | DXIMATE IN | ND GEATH |
| | PART I. DE AT | H WAS CAUSED | BY: CAUSE (o) | 5 | 1644 | in ilka C | ill Car | 1021 | of Hyp | wphan | 14x 3 m | unth | - |
| | | 7707125 | | R AS A CONSEQU | ENICE OF | | | | 11 | 1 | | 77 | |
| | Canditions, if | any which | 1 | R AS A CONSEGU | ENCEOF | | | | | | | | |
| ı | gave rise to | immediate |) ıp)— | Call Car | | | 10000 | | | | | | |
| | | ause last | DUE TO, O | r as a consequ | ENCE OF | | | | | | | | |
| | PART 2 OTHER | SIGNIFICANT | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | UNAL DISE | ASE OR CON | DITION G | IVEN IN PART | 110 | |
| 1 | | | 5. 15. 16. 16. 16. <u>2.</u> | | | | 7 10 1116 1210 | | ASE ON CO. | 0111014 0 | TVETT IN TAKE | 110 | |
| 1 | NO 19a DATE OF OP | ERATION | 196 COND | DITION FOR WHICH OPERATION WAS PERFORMED | | | | | | | WERE FINDINGS USED | | |
| ľ | [월 | | | | | | | YES F | ПОИГ | | TIFYING CAUSI YES | | ATH? |
| Š | 210. ACCIDENT WA | S UNDERLYING | 216. TIME C | OF INJURY | | 21c. HOW IN | JURY OCCURE | | | | | | |
| | OR CONTRIBUTION | CAUSE OF DEAT | n | M. MONTH D | MONTH DAY YEAR | | | | | | | | |
| | LIFEITHER NOTIFY 21d. INJURY OCC | MEDICAL EXAMINER) | 21e PLACE | M, OF INJURY | 19 | 211 LOCATION | ON | | | | | | |
| | AN LLITE MIC | OT WHILE D | (AT HOME, ST | REET FACTORY, OFFICE, I | FARM ETC) | STREE | | | CHTY OR TO | WN | COUNTY | | STATE |
| | | | al) attended th | e deceased fram_ | 6 | | 19 Y S | , ta | 7/3 | 4 | 19 + 5 | , that (|) (we) last |
| d | saw the de | reased alive an_ ve) (did) (did nat) | 7 | 19_ | P5 , an | nd that in (my) | (our) opinian | death accu | irred an the d | ate and ho | our and fram th | ne causes | stated |
| ı | 226 SIGNATURE | | view the body | aner deam. | | DEGREE | | | | | 22c. DA1 | TE SIGNE | D |
| J | W 10 7 7 | 1 Com | | | | | ATTENDING PHYSICIAN | MEDIC | AL STAL | | 7/3 | 30/8 | 5 |
| | 224 PHYSICIAN | S NAME TTYPE OR | PRINT) | | | 22e ADDRES | - 1 | 1 | | | | | |
| | PI | Conito | | | | Bon S | Secours | Hosp | ital | | | | |
| N | 23a BURIAL, CREMATI | ON, REMOVAL | 23b. DATE | 23c. 1 | NAME OF C | EMETERY OR | CREMATORY | 23d LC | OCATION | | | | |
| | (SPECIFY) Bui | cial | 8/2/8 | 85 Me | adowri | idge Me | em. Pk. | Elk | ridge | Но | ward N | Mary | land |
| | 24. FUNERAL DIRECTO | R | | | | 20 | | E REC'D. B | Y REGISTRAR | 256 REGIS | STRAR'S SIGNA | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

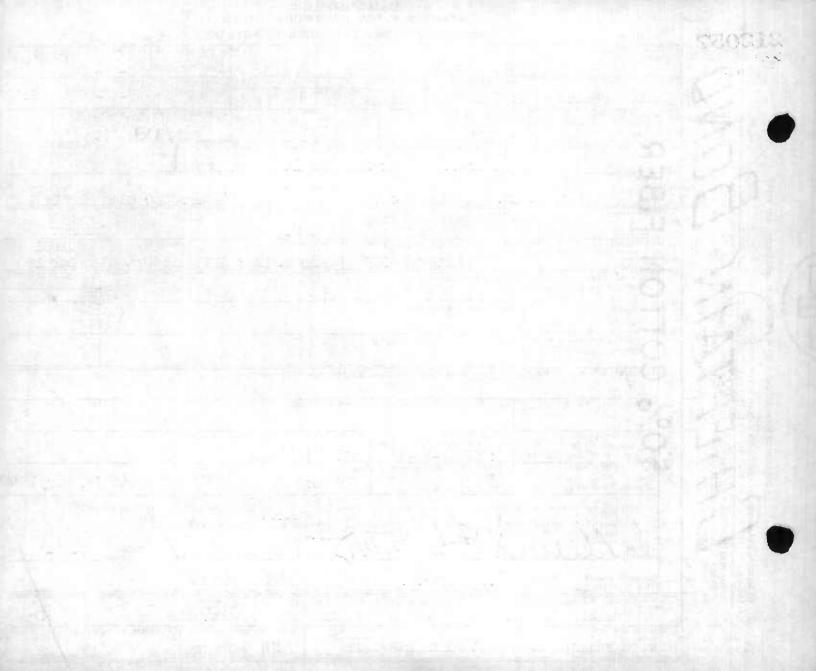
MPORTANT, if hem 21 is.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

AUG 2



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 212057 REGISTRAR REG. NO 20. DHE KNOWN X . DECEASED NAME 7 HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. S-COR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, Henry DEATH MATED JOSEPH HOF 4 RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR 56 YRS. PRONOUNCED 7-27-85 5:30A 12 Male White 13 28 DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY USA WIDOWED DIVORCED Baltimore City B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Driver/Salesman Baltimore University of Maryland Hospital Beer SUAL RESIDENCE LIE IN NURSIN & HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI BALTIMORE, MD. 21201 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 515 West Way; Glen Burnie Glen Burnie MD A. A. Co. NO S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRS1 LAST FIRST Gaither John Hof Edith 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21061 218-22-8365 June E. Hof; 515 West Way, Glen Burnie 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound to head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. DIVISION OF VITAL RECORDS, 20 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ICATE, WRITE F FORWARDED TO THE TOR: PAGE 3 SHOULD BE USE STATE DEPARTMENT OF TO YES NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6:05PM 7-26-85 self/inflicted 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE West Way Glen Burnie, Maryland AT WORK dining room MARYLAND 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BARMORE, MARYLAN death resulted from? Natural causes Suicide Hamicide | Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-27-86 DATE EXAMINER'S NAME Dennis F.Smyth. 111 Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY MD Baltimore 07/30/85 Burial Loudon Park Cemetery 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** Hubbard Funeral Home; 4107 Wilkens Avenue (VR A15 ME (5)) a Naindron Produce



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| ١ | - STATE REGISTRAR | DEFAR | CERTIF | ICATE OF DEATH | REG. NO. | 9 7 9 7 | | |
|---|---|--|--------------|----------------------------------|---|---|--|--|
| I | T DECEASED NAME FIRST | erine M. | | fman | July 25, 19 | 285 4:45 A | | |
| 1 | 1 SEX | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 HRS | | |
| ı | Female | White | Ма | | 84 YRS. | MONTHS DATS HOURS MIN. | | |
| 1 | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | D NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | TY OF DEATH | | |
| 1 | Germany | U.S.A. | WIDOWE | DINORCED | Baltimore | City MD | | |
| 1 | Baltimore | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Valley View | Nurs | | (TYPE OF WORK FOR MOST OF WORKING HOmemaker | 126 KIND OF BUSINESS OR INDUSTRY | | |
| 0 | | timore Baltim | WN | 13d INSIDE CITY LIMITS? YES NO X | 9404 Belair | | | |
| 8 | FATHER'S NAME FIRST UNKNOWN | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | unknown | LAST | | |
| > | 160 WAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDRESS | | | |
| 9 | no | 213-34 | -4320 | Walter Her | d (son) same | address | | |
| | Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last | gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | |
| | | CONDITIONS CONTRIBUTING TO | gndi | M. Bem | INAL DISEASE OR CONDITION G | IVEN IN PART TO | | |
| 2 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | OPERATIO | N WAS PERFORMED | IN CERT | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO | | |
| 2 | OR CONTRIBUTION CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM IB | 3 PART I OR PART 2} | | |
| | THE EITHER MOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | 211 LOCATION | | | | | |
| | saw the deceased alive as | attended the deceased/fram 7 2 4 19 att view the body ofter death. | 3) | | death accurred on the date and ho | , 19 , that (1) (was) last aur and fram the couses stated | | |
| - | 77% SIGNATURE | Eguro Am | 9 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/25/95 | | |
| П | 224 PHYSICIAN'S NAME (TYPE | (pfufu) | 1 | 22e ADDRESS | | (| | |

DHMH - 16 60M 7/84 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL 23b DATE 87/27/85

Dr. Vuong Nguyen

23c NAME OF CEMETERY OR CREMATORY

Parkwood

1 Baltimore

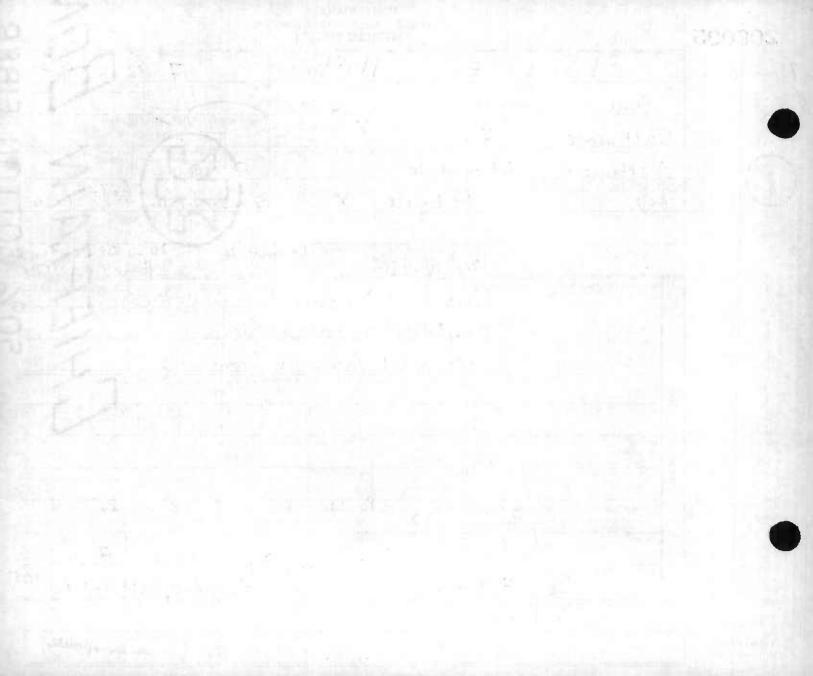
6331 Belair Rd.

Md.

9705 Belair Rd., Balto. Md. 21236

La Davidson-Hunds

| 206095 | 1. | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE REG. NO. | 0 7 0 0 |
|--|---------------|--|--|--|--|---|
| ay be oge 3 deoth | | CEASED NAME ROBE | MIDDLE E. | Hoffmar | 26 DATE OF DEATH MONTH | 13. 85 9 P. M |
| ctor, poo | 3. SE | | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR 14 2 9 | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| reral dire | Ja. B | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY | | BALTIMORE CITY OR COUNTY | TY OF DEATH |
| Offine for | 10. 0 | 1 altinore | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE | ING HOME OR OTHER INSTITUTION ET ADDRESS) | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR |
| filled the could be fill | 13a. | | OTHER INSTITUTION GIVE RESIDENCE BEFO | ORE ADMISSION) WN 113d. INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP CO | DE 6832A Md. 21234 |
| ampletely ond 2 sh | 14 F | ATHER'S NAME FIRST | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | | LAST |
| n and co | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GIN | MED FORCES? 166 SOCIAL SEC 2/6 WAR OR DATES) 2/6 -/4 | -9351 | 101016 | 124 Belvendere 1 Himore Ad 2121 |
| rtificate to physicial phy | | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), one couse per line for (a), (b), one couse per line for (b), (b), one couse per lin | Q111 | 0. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| equires that the death or signed by the attendion Then please remove corf to burial, cremation, or injury, or other traumation | NOI | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) Re CONDITIONS CONTRIBUTING TO | rophic dates | Bronchitis | GIVEN IN PART 1:0 |
| The low racion. The hos bee his permit. Green prior shows only | CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CER | VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } } \) |
| rysician. The | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. | HOUR A.M. MONTH | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM II | B PART I OR PART 2) |
| offending offer this case the burner of the | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 210. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| OK A LTENDIN e haspital or DIRECTOR. A ached for use Dept. af Healt f Hem 21 is ma | | sow the deceased alive an above, (I) (we) (did) (did no | ital) attended the deceased from | 8), and that in (my) (aur) apinion | death accurred on the date and h | that (we) last our and from the causes stated |
| 75 75 9 | | 22b. SIGNATURE | Caleran | | MEDICAL STAFF DIRECTOR PHYSICIAN | 7-14-85 |
| TO HOSPITAL TO FUNERAL should be det with the State | | 224 PHYSICIAN'S NAME ITYPE C | T HFWAR | 24 ly Sefu | erolere Ave & | altimore Ad 21213 |
| BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | 23b. DATE 23c 7/13/85 | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| DHMH - 16 60M 7/84 (VRA 15 4) | 24 F | UNERAL DIRECTOR | ADDRESS | 250 DA | TE REC'D. BY REGISTRAR 250. REGI | STRAR'S SIGNATURE |



| | | STA | TE | OF | MAR | YL | AND | |
|-----|---------|-----|----|----|-------|----|------|---|
| DEP | ARTMENT | OF | HE | AL | TH AL | UD | MENT | ě |

| 1 | | | | | | STAT | E OF MARYLAN | ID O | | | | | |
|---|---------------|---|---------------|-------------------|--|------------|--------------------|--------------|-------------------------|--------------------|---------------------|------------|----------|
| ı | 1 | FOR | | | DEPARTM | ENT OF H | EALTH AND M | ENTAL HYC | GIENE | | | | |
| ı | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DE | ATH | PE C | NO 1 C | 7 7 | | 4 |
| ١ | LOEC | EASED NAME | FIRST | | MIDDLE | ı | AST | | REG. | | AY YEAR | 12b. HOL | TR - |
| 1 | | OR PRINT) | PARE | YE. | HOFF | ME | BTER | 2 | | 7/1 | 185 | 7 | PM |
| ١ | 3. SEX | | | 4 RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST | | IF UNDER 1 YEAR | IF UNDER | |
| ١ | | Female | | Caucas | sian | May | | YEAR | 87 | YRS | ONTHS DAYS | HOURS | MIN, |
| | | RTHPLACE (STATE OR) | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MA | ,,,,,,,, | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | | |
| 2 | | vland | | U.S | S.A. | WIDOWE | | DRCED | Balt: | imore C | itv | | MD. |
| Ī | 10 CI | Y OR TOWN OF DEA | АТН | 11. NAME OF | HOSPITAL, NURSIN | G HOME C | | TUTION | 120 USUAL OCCUPA | TION | 126. KIND O | F BUSIN | |
| 3 | | Baltimore | | | ch facility, give street A an Hospita | _ | | | Homemake | | INDUSTRY | | |
| | USU A | L RESIDENCE (IF NURS | ING HOME OF | | GIVE RESIDENCE BEFORE | | A 121 IN ISIDE SIT | V 114417C2 | 13e STREET ADDRESS | 210 0000 | | | |
| | | ryland - | | o. City | Baltimor | | 13d INSIDE CIT | 10 | 602 Hard: | | ce 212 | 11 | |
| 9 | | THER'S NAME | | | | | 15 MOTHER'S | MAIDEN NA | | 0 = == | | | |
|) | | Charle | es | WIDDLE | . Hartn | nan | Ida | RST | WIDDIE | G: | riesacl | ker | |
| ٦ | | AS DECEASED EVER | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMAN | Mr. | Maurice AEO | RESEnsor | Arizo | ona | 85301 |
| | Į Y | ES. NO OR UNKNOWN) | (IF YES, Gr | VE WAR OR DATES) | 217-01-76 | 77 D | 5233 1/ | 2 Wes | t Maryland | Avenue | | | |
| ١ | | 18 CAUSE OF DEAT | H (Enter p | alu ano causa no | line for to the one | Les i | | | | | APPROX | IMATE INTE | RVAL |
| | | PART I. DEATH W | AS CAUSE | D BY: | CARDI | | AMRE | 57 | | | BETWEEN | JNSELANI | PULATR |
| | | CO TO Y | IMMEDIA | TE CAUSE (0) | 0///2/ | 7,0 | | | | | | | |
| | | | | DUE TO, O | R AS A CONSEQUE | NCE OF | HYPOTO | ENSI | ON | | | | |
| | | Conditions, if ony, gove rise to imm | mediate | (b)_ | | | | | | | | | |
| | | couse (a), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CHF + BLEEDING | | | | | | | | | | | |
| | | | | (c) | | | | | | | | | |
| | z | PART 2 OTHER SIGN | | | ONTRIBUTING TO D | EATH BUT | NOT RELATED T | O THE TERM | AINAL DISEASE OR CO | 2 0 | 11 |) 4 | Col- |
| | 9 | | | | Alre | NEC | bc. | Kajn | | autas | | year ; | sebsi |
|) | CERTIFICATION | 190 DATE OF OPERA | TION | 196 COND | TION FOR WHICH | OPERATIO | N WAS PERFOR | MED | 20a AUTOPSY? | | WERE FINDING CAUSES | | |
| | TIF | | | | | | | | YES NO | | | NO | |
| | CE | 210. ACCIDENT WAS UNI | | - 110110 4 | OF INJURY .M. MONTH DA | Y YEAR | 21c HOW INJU | JRY OCCUR | RED (ENTER NATURE OF IN | JURY IN ITEM 18 PA | RT 1 OR PART 2) | | |
| | AL | OR CONTRIBUTING | | AIH | M. | 19 | 1000 | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e PLACE | OF INJURY | | 211. LOCATION | 4 | CITY OR | TOWN | COUNTY | | STATE |
| | ¥ | WHILE NOT WE AT WORK | RK | (AT HOME ST | REET, FACTORY, OFFICE, F | IRM, ETC.) | SIKEET | | CITY OR | 1 | COOMIT | | 31416 |
| | | 22a.1 certify that (1) | (this hosp | ital) attended th | e deceased from_ | 6 | 122 | 19 85 | | 1 | 9 15 | that (1/ | we) lost |
| | | sow the decease above, (1) (we) (c | ed olive or | 7/ | nttor donth | , 01 | nd that in (my) (c | our) opinion | death accurred on the | date and hour | and from the | couses st | oted |
| | | 226 SIGNATURE | sid) (did ii) | or view me body | Offer deom. | 7 (4) | DEGREE | * | | | 22c DATE | SIGNED | |
| | | (Amb | ache | w s | World | 7 | | TENDING | MEDICAL ST | AFF | 7/ | 1/8 | T |
| - | 1.0 | 22d PHYSICIAN'S N | AME ITYPE | OR PRINT) | 3 20 00 | | 22e ADDRESS | | | | | 10. | |
| | | AMBAU | 4EIA | 1 11/0 | NETA | | 7815 | MUPS | SGATE C | T BAC | 10 M | 1d 2 | 1207 |
| | - | 11/11/11/11 | 1 | 000 | 100 17 | | 1 | | | 1 | 1 | | / |

DHMH - 16 60M 7/84 (VRA 15, 4)

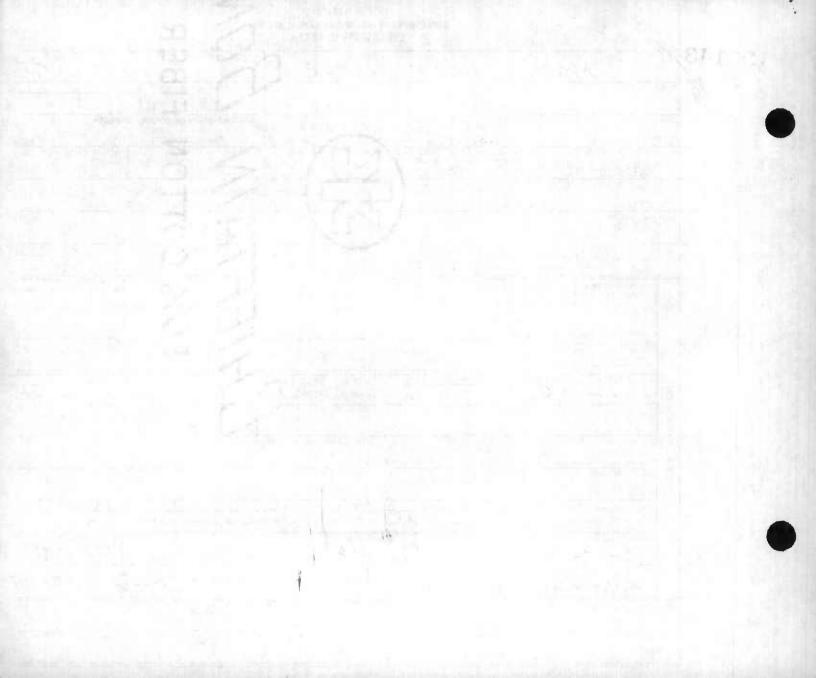
BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 7/5/85 Burial

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23d. LOCATION

Anne Arundel MD.

Loring Byers Funeral Directors, Inco DATE RECE BY REGISTRAR'S SIGNATURE OF SIGNATURE ²⁴ FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Road Randallstown, MD. 21133



| 211010 | ١, | FOR STATE | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTA | L HYGIENE | 1011- |
|--|---------------|---|---|---|--------------------------------|---|
| المستريد الم | ľ | REGISTRAR | | CERTIFICATE OF DEATH | REG. N | 0. 19400 |
| me el | | CEASED NAME FIRST JE | ames E. | Hognestad | 20 DATE OF DEATH | MONTH AY CHAR 26 HOUR |
| y be | | JAME | SE | HOGNESTAD | | 7 23 85 1:23 AM |
| 4 may be the page 3 offer death | 3. SE | | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| Poge 4 directo hours o | | MALE | CAVCASIAN | 4 28 29 | 56 | YRS |
| herol nerol | 7a. BI | RTHPLACE (STATE OR FOREIGN OUNTRY) New York | 76 CITIZEN OF WHAT COUNTRY | WIDOWED DIVORCED | BALTIM | RECOUNTY OF DEATH |
| s ofter di | - | ALT WARE | (1F NOT IN SUCH FACILITY, GIVE STRE | ING HOME OR OTHER INSTITUTION ET ADDRESS) THE GENERAL HOSE | (TYPE OF WORK FOR MOST O | DE WORKING LIFE) INDUSTRY |
| 34 | 13a. S | TATE 13b COU | ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130, CITY OR TO | WN 13d. INSIDE CITY LIMI | 7.0 | ZIP CODE ST. 21225 |
| so that the death certificate be executed with the death certificate be executed with the attending physician and complete by please remove carbon papers. Pages other straumatic event, the medical committee news. | 14 FA | THER'S NAME FIRST | J. Hogne | 15. MOTHER'S MAIDE | MIDDLE | WAST |
| Poge: | | VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (16 YES 1960 | MED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 684-7 | | ognestad Sa | ame as 13e |
| hysicion papers. avol. | | 18 CAUSE OF DEATH (Enter or | nly ane cause per line far (a), (b), o | and (c),) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| st., 2 g phy onpo emor | | PART I. DE ATH WAS CAUSE IMMEDIA | TE CAUSE (a) FULY | MUNARY ARREST | T | |
| reading re carb an, or r | Ы | | DUE TO, OR AS A CONSEQ | UENCE OF | | |
| deot move troum | | Conditions, if ony, which gave rise to immediate | ((b) HEPA | TIL ENCEPHOLO | PACTY | |
| W.P. hot the by the cose rer | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQ | | | |
| RDS, 20 equires 1 n signed Then ple to burio | N O | | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CON | DITION GIVEN IN PART 110 |
| TAL RECOR | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO } \mathbb{M} |
| PHYSICIAN The ending physicion this certificate to buriol-tronsit and Mental Hygie dor them 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | AID | DAY YEAR | CCURRED (ENTERNATURE OF INJU | RY IN ITEM 18 PART 1 OR PART 2} |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requir r attending physician. Wher this certificate has been sign as the burial-transit permit. Then thand Mental Hygiene prior to b orked or item 18 shows any injury | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 711 LOCATION | CITY OR TO | OWN COUNTY STATE |
| END OR: A | | saw the deceased alive as | ital) attended the deceased from 7/2 3 19 at) view the bady after death. | , , , | ornion death occurred an the d | , 19 , that (I) (we) last ate and hour and from the causes stated |
| he hospital he hospital DRECTOR poched for us of Hem 21 is | | 72b. SIGNATURE | F Co O Co | DE GREE ATTEND | ING MEDICAL STA | FF 271. DATE SIGNED |
| by a by a by a by a be de be de be de an T. | | 226 PHYSICIAN'S NAME (TYPE | OR PRINT) | 27e ADDRESS | IAN DIRECTOR PHYSIC | LIAN 12313) |
| TO HOSPITAL of HOSPITAL of Foundable by the should be deto with the Store of IMPORTANT. If | | MUHAEL | 1 | MO 3001 S. | HANDVER S | |
| BP | 23a l | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | - /- /- | NAME OF CEMETERY OR CREMAT | s Cem Crownsvi | 1100 |
| DHMH - 16 50M 4/83 (VRA 15, 4) | 24 F | eorge J. Gonce | 4001 Ritchiê H | 95 | JUL 2 6 1985 | 25b REGISTRAR'S SIGNATURE |

the second andres Institute in incoming to the contract of the contract o Tall and B. Ilkania . of Lawrence property: plants - - - - 15.5 the eliteration are analysis that the telement The course of the course the course the course of the cour

STATE OF MARYLAND

| | 1 - | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MEI | | 100 | REGUNO. | 9 | Fi | | |
|---|---------------|--|---|--------------------------|--------------------------------------|-------------------|-------------------------|----------------------|------------------|------------------|---|--------------------|-------------------------|----------------|
| | | CEASED NAME | FIRST | ٨ | VIDDLE | "L | AST | | 2a. DATE OF DE | | DAY | VIAR | 25 HOU | 3 |
| | { I A PE | OR PRINT) | OROT | HY | M . | HOLI | LAND | 1 | | 7 | 24 | 85 | 1:3 | 4 PM |
| | 1. SE) | PEMALE | 750 | BLA | | 5. DATE C | | 40 | 6. AGE (IN YEARS | 45 , | MONTHS | | IF UNDER HOURS | 24 HRS MIN. |
| 1 | MA | RTHPLACE (STATE OR FO | | CITIZEN OF V | S.A. | MARRIEI WIDOWE | NEVER MAI | RRIED - | 9. BALTIMORE | ITY OR COL | INTY OF D | 212 | 11 | MD. |
| 7 | 3 | BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME O (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) WYMAN PALL HEATH SY | | | STEM | NOITU | 12a USUAL OCC | | | KIND OF | BUSINE | SSOR | | |
| 5 | 13a. S | MO | B COUNTY | | BAL | | 4.50 | | 13e STREET ADD | RESS / ZIP (| PRES | 7 0 | ARK | AVE |
| C | | THOMAS LLOYD ROBINSON LAST SMAIDEN NAME FRECATHERINE SPRIGGS | | | | | | | | S | LAST | | 21215 | |
| | | VAS DECEASED EVER IT | | | 16b SOCIALS | ECURITY NO. | 17 INFORMANT | | 8 B(E) | ADDRESS | | 94 | | |
| 1 | | | | | | | | AM HO | LLAND | 2508 | W.FO | REST | PA | RK_A |
| | | 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | | MMEDIATE C | AUSE (o) | TICAL | N DEAT | H | | 200 | | | | - | |
| | | Conditions, if ony, gove rise to imme couse (a), stating underlying couse | ediote | ıb) | RAS A CONSE HTPOTI RAS A CONSE | HOICH | | | - ALWRI | | CORE | ri's Cu | 48 | |
| | NO | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I | | | | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATI | ON | 196 CONDI | TION FOR WH | ICH OPERATIO | OPERATION WAS PERFORMED | | | 20b IN C | F YES, WER ERTIFYING YES | E FINDIN CAUSES | GS USED OF DEAT | H? |
| | CAL CER | 210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA | USE OF DEATH | 21b. TIME OF HOUR A.A | M. MONTH | DAY YEAR | 21c HOW INJUI | RY OCCURRE | D (ENTER NATURE | OF INJURY IN ITE | M 18 PART I OF | PART 2) | | |
| | MEDICAL | 214 INJURY OCCURRE | E 🔲 3 | 21e PLACE O | OF INJURY EET FACTORY, OFFI | CE FARM ETC) | 21f LOCATION STREET | | CI | TY OR TOWN | cc | VINU | 51 | TATE |
| | | 220.1 certify that (I) (saw the deceased above, (I) (we) (di | this hospital) d alive and) (did nat) vi | ottended the | deceased fro | | d that in (my) (au | 19 ir) opinion de | eoth accurred or | the date and | , 19_ _ I hour and I | - | hot (II (v ouses sto | |
| | | 276 SIGNATURE A. Y. AKROWO' DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X | | | | | | | | - 3 | 7. | 24 | 85 | |
| | | A.Y | · A K | RAW | ri 🔣 | | WYMA | 1 DAR | in they | भग्म १ | 4878 | M. | | |
| | (| SURIAL, CREMATION, R SPECIFY) BURIAL | | 7/29/3 | | ARRISC | N FORE | ST | | S" MIL | | | | TATE |
| | | ROY O D | ETT L | 1600 1 | LIBERT | Y HGHT | SIAVE | 250. DATE | JL 26 1 | 985 74 | GISTRAR'S | SIGNATO | Alande | 20_ |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

| | 300 | | |
|------------|-----------|------------|---------|
| DEPARTMENT | OF HEALTH | AND MENTAL | HYGIENE |
| CEI | RTIFICATE | OF DEATH | |

| 1 - STATE REGISTRAR E/air | DEPARTA | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE REGINO. | |
|---|--|---|---|---|
| 1 DECEASED NAME FIRST | mann B | Holtermann | 26. DATE OF DEATH MONTH | 29 85 11357 |
| FEMALE | 1 RACE WHITE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BURTHDAY) YRS | IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN. |
| 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUNTY BACTI | MORE CITY ME |
| BALL MA | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | | 120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE | 126 KIND OF BUSINESS OR INDUSTRY |
| OSUAL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION GIVE RESIDENCE BEFORE | | In Caper Appres / 718 cope | |

| MD | Anne Arundel | ARNOLD | YES [NO X 1210 HILLCIEST Rd. 21613 | 2 |
|-----------------------|-----------------------------|-------------------------|-------------------------------------|---|
| FATHER'S NAME | | | 15 MOTHER'S MAIDEN NAME | Ε |
| RAIPH | WIDDLE | Buchnet | Charolotte Grass HOFF | |
| 160 WAS DECEASED EVER | | 166 SOCIAL SECURITY NO. | 17 INFORMANT ADDRESS | П |
| (YES NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 084-20-1857 | CHARLES HOLTERMANN (SAME AS 13) | |

| 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) | one couse per line for 101, 161, and 101. D BY: (E CAUSE (a) Cardio respiratory Arrest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|--|---|
| Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last | DUE TO, OR AS A CONSEQUENCE OF Breast Carcinoma DUE TO, OR AS A CONSEQUENCE OF | |

| 198 DATE OF OPERATION | | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH | |
|-----------------------|---|---|-------------------------|---------------|----------------|---|---------|
| | | | | YES [| NO C | YES 🗌 | NO 🗌 |
| | ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 21c HOW INJURY OCCUR | RRED (ENTERNA | ATURE OF INJUR | Y IN ITEM 18 PART : OR PART 2) | |
| (16 | IF EITHER NOTIFY MEDICAL EXAMINER | P.M. 19 | | | | | |
| | INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) | 211. LOCATION STREET | | CITY OR TOW | WN COUNTY | STATE |
| | MORK NOT WHILE | / | | | - /- | | pater . |

| 220.1 certify that (1) (this hospital) attended the deceased fr | om | 2) 19 | 85 , to_ | 7/2 | 19 0) | , that (I) (we) la |
|---|--------|------------------------|--------------------|--------------------------|------------------|--------------------|
| sow the deceased alive on + 12 | 19 65" | and that in (my) (our) | opinion death accu | irred on the date and ha | out and from the | e couses stated |

| mul Lengeloron | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 7/29/85 |
|--------------------------------------|---|----------|
| 224 PHYSICIAN'S NAME (TYPE OF PRINT) | 22e ADDRESS | 45-20-01 |

| Paul R | Kingelm | an Univ | Hospital |
|-------------------------------|----------|-----------------------------------|--------------|
| 30 BURIAL, CREMATION, REMOVAL | 23h DATE | 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removih the State Dept, of Health and Mental Hygiene prior to burial, crema

MPORTANT: If Hem 21 is marked ar

or other troumatic

(VRA 15, 4)

BP

CREMATION JULY 30. 1985 WESTVIEW CREMATORY WESTVIEW BALTIMORE
24 FUNERAL DIRECTOR

RAME

BARRANCO FUNERAL HOME SEVERNA PARK, MD.

CITY OR TOWN

BALTIMORE

COUNTY

BALTIMORE

COUNTY

BALTIMORE

ALDATERED BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BARRANCO FUNERAL HOME

SEVERNA PARK, MD.

(Steward) Commercial or soul (Charles - Su

THE BARBARE CON

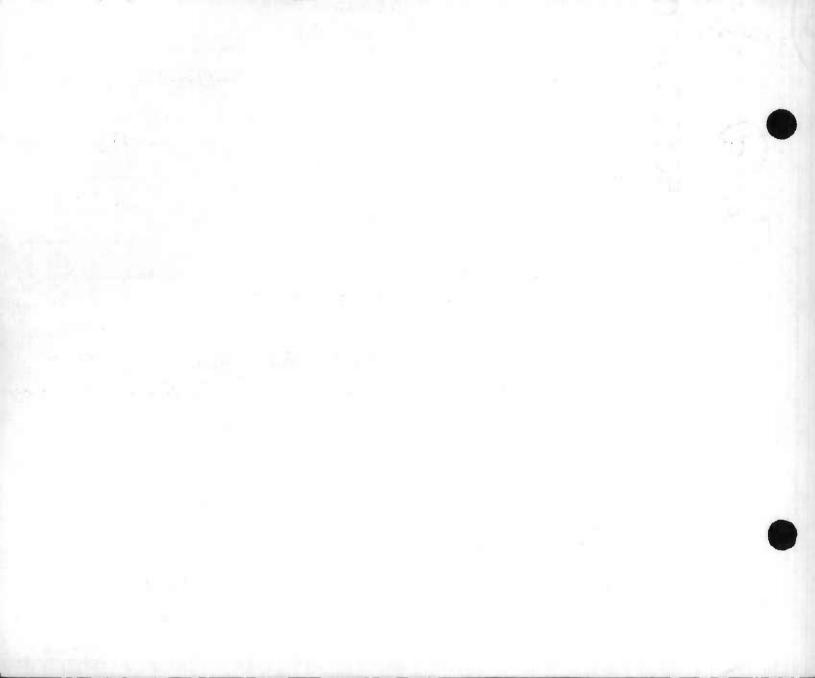
the first and the second secon

NEW YORK

FOR

William C. March F/H

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physican and should be detached for use as the buriol-transit permit. Then please remove carbonpaper. From with the State Dept of Health and Mental Hygiene priar to buriol, cremation, ar removo MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event. ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

TO HOSPITAL

BP.

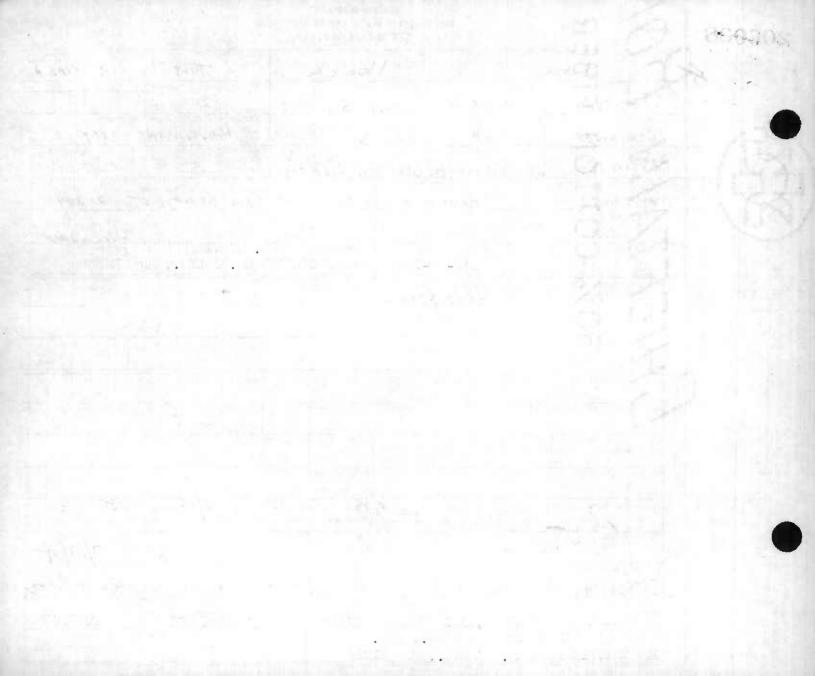
DHMH - 16 60M 7/B4 (VRA 15, 4)

206038

72 hours after death

STATE OF MARYLAND

| | TOTAL DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REGINO. | | | | | | | | e a | | | |
|---|--|--|---|-------------------------------------|----------|-------------------------------|---|----------------------------------|----------|---------------------------------|------------|--|
| | I. DECEASED NAME (TYPE OR PRINT) ROSE **EXTENSION OF THE PRINT OF TH | | | Honick | | | | Jul | Y 19 | 198 E | 8:05 AM | |
| | 3. SEX FEMANE AND | | | S. DATE OF BIRTH MONTH JUN 5 1903 | | | | 82 | YRS. | FUNDER : YEAR | HOURS MIN. | |
| 1 | | ENGLANY 4 | | WIDOWE | | |] | BANTI MURE | | | CITY MD. | |
| 2 | f | ATTIMURE | LEVINYAVE | HEISTON & | ADDRESS) | CAN HOSPITAN | | OCCUPATION FOR MOST OF | | 12b. KIND C INDUSTRY CLOT | THING | |
| £ | 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY 136 CO | | BAYTIM | | 13d. INSIDE CITY LIMITS? | 680V | ADDRESS / | ZIP CODE | r. 21 | 209 | |
| | | THER'S NAME I SRAEL | WIDDIE | FELDMAN | | 15 MOTHER'S MAIDEN N YETTA | | WIDDIE | | UNK | NOWN | |
| - | 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) | | | 215-10-7 | | | MRS. SYLVIAD HOFFMA LVALE CT. BALTO., MD | | | | | |
| | TION | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | | | |
| 1 | CERTIFICATION | 19a. DATE OF OPERATION | ITION FOR WHICH OPERATION WAS PERFORMED | | | YES [| | | | OF DEATH? | | |
| | MEDICAL CE | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK | R) P.A | A. MONTH DA | 19 | 211. HOW INJURY OCCI | URRED (ENTER | NATURE OF INJUR | | COUNTY | STATE | |
| | | 220. I certify that (this hospital) attended the deceased from | | | | | | | | | | |
| 1 | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ESTRELITA O. KN, M. W. USVINGAVE HEBREN GERIMBIE CENTER! | | | | | | | | 175R+H | OSPITAL | | |
| | 23a B | BURIAL CREMATION, REMOVA (SPECIFY) BURIAL | JULY 21 | ,1985 SI | HAARE | EMETERY OR CREMATOR TFILOH | C | CATION ITY OR TOWN ALTIMOR | RE | COUNTY | RY LAND | |
| | 4 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD RAITO MD 21215 | | | | | | | | | THE RESERVE | | |



202020

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCICUS

| | 1 - | FOR STATE REGISTRAR | DEP | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | | | | | | | |
|--|---------------|---|---|---|------------------------|---|--|--|--|--|--|
| 1 | | ORPRINT) | MIDDLE | HOFT | F BIRTH | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR OF SOME STANDARD OF SOME STANDARD | | | | | |
| i | | 6 | B | MONTH | 2 2 2 | 3 9 YRS | MONTHS DAYS HOURS MIN. | | | | |
| 70. BIRTHPLACE (STAYOR EDREIGN COUNTRY) FARMENTS VILLE | | | 76. CITIZEN OF WHAT COUN | MARRIEI WIDOWE | NEVER MARRIED DIVORCED | BAATIMORE CITY OF COUNTY OF DEATH BAATIMORE CITY MD. | | | | | |
| 0 | BA | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N (IF NOTIN SUCH FACILITY, GIVE | URSING HOME O | ROTHER INSTITUTION | 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI | 126 KIND OF BUSINESS OR INDUSTRY | | | | |
| S | 150 S | mb - | ITY CITY OF | TOWN | Control Control | 130 STREET ADDRESS ZIP CODE | voun H | | | | |
| 1 | 14 FA | DOC CAP | MIDDLE LAS | T | SERTH | A PRICE | 2 / AL / 7 | | | | |
| | | VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV | | SECURITY NO. | JOHNHORT | BYOMENEN BA | 10 20140 | | | | |
| | | 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last. | D BY: E CAUSE (a) DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON: | EQUENCE OF | | FAILURE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | NOI | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ACUTE MYOCARDIAL INFARCTION ON SIP CPR | | | | | | | | | |
| | CERTIFICATION | 19a DATE OF OPERATION | HICH OPERATION | N WAS PERFORMED | IN CERTI | IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | |
| | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | P.M. | DAY YEAR | | RED {ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) | | | | |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY O | FFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | |
| | | 220. I certify that (I) (this hospital) attended the deceased from | | | | | | | | | |
| | | AMBACH | SGATE CT, | BALTO HD 2125 | | | | | | | |
| | | URIAL, CREMATION, REMOVAL | 23b. DATE 7-11-85 | 23c. NAME OF CI | EMETERY OR CREMATORY | 23d LOCATION SCIEVOR TOWN | COUNTY | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

should be detached for use as the with the State Dept. of Health or IMPORTANT: If them 21 is market TO FUNERAL DIRECTOR:

THE HAYES L38 & GOESS/MOR ST

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

43 % Charles and the control of STORES OF STREET The secretary of the second 33-40-3-35 The small or Bigat Easter way At 21618 e half and make Letter to the time down to see the second to the THE SHOW THAT I SHAME IN THE STATE OF THE ST ARREST SA The Market of the State of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

| П | 1 | FOR STATE | DEPARTMENT OF H | EALTH AND MENTAL HYGI | ENE | |
|----|----------------|---|--|---------------------------------|---|---|
| | | REGISTRAR | CERTIF | ICATE OF DEATH | RÊG. NO. 8 | 0 1 0 - |
| | | CEASED NAME FIRST | MIDDLE | AST . | | Y YEAR 26 HOUR |
| | (TYPE | OR PRINTIDO VO | tto | 4 | 7-16- | 85 7:00 A |
| | 3. SE) | X . 4.1 | RACE S. DATE C | | 0.7102 (1.710) | FUNDER 1 YEAR IF UNDER 24 HRS |
| | FF | Male | White MONTH | - 21 - 02 | 83 YRS MC | DNIHS DAYS HOURS MIN. |
| | 7a BI | IRTHPLACE (STATE OR FOREIGN 76. | CITIZEN OF WHAT COUNTRY? | | 9 BALTIMORE CITY OR COUNTY C | OF DEATH |
| 2 | (| West Virgini | ia USA MARRIEI | V | Baltimore Ci | tv |
| | | | NAME OF HOSPITAL, NURSING HOME O | | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 3 | | Baltimore | South Bartimore | rGeneral | (Thomemakeroking LIFE) | Momestic |
| 0 | USU/ 13g, S | AL RESIDENCE (IF NURSING HOME OR OTH | HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 134 INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE | |
| ب | M | laryland Balt | imore Bartimore | YES NO D | 2739 Arbutus A | ve. 21227 |
| 2 | 14 FA | ATHER'S NAME | TAST | 15. MOTHER'S MAIDEN NAM | | |
| C | | T.H. | Rosier | Idabelle | MIDDLE | Myers |
| 2 | | WAS DECEASED EVER IN U.S. ARME | D FORCES? 166 SOCIAL SECURITY NO. | 17 INFORMANT | ADDRESS | |
| - | () | YMOD OR UNKNOWN) (IF YES GIVE W. | AROR DATES) 235-30-0899 | Pauline Ho | ult 2739 Art | outus Ave. |
| | | 18 CAUSE OF DEATH (Enter only o | ane couse per line for (a), (b), and (c) | 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSED B | | youghy Ar | rest | |
| | | | DUE TO, OR AS A CONSEQUENCE OF | | | |
| 21 | | Canditions, if any, which | Aspiration | n | | |
| | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE OF | | | |
| | | underlying cause last. | (6) | | | |
| - | | PART 2. OTHER SIGNIFICANT COM | NDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONDITION GIVE | N IN PART 11a |
| | CERTIFICATION | | | | | |
| - | CAT | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? |
| _ | TIF | | | | YES NO YES | NO |
| 8 | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCURRE | ED (ENTER NATURE OF INJURY IN ITEM 18 PAR | IT I OR PART 2) |
| / | | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH DAY YEAR P.M. 19 | Carlo Con | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| | × | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) | SINEEL | CITY OK TOWN | COUNTY |
| | | 220 I certify that (1) (this haspital) | attended the deceased fram | 7-16 19 85 | _, to_ 7-16 19 | that (I) (we) last |
| | | saw the deceased alive an above, (I) (we) (did) (did nat) v | 7-16 1985, or | nd that in (my) (our) opinian d | eath occurred on the date and haur o | and from the couses stated |
| | - | 22b. SIGNATURE | | DEGREE | | 224 DATE SIGNED |
| | | marlen A | Auron MD | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 7-12-85 |
| 1 | | 224 PHYSICIAN'S NAME (TYPE OR PR | | 22e ADDRESS | 1 | |
| | | Martin 9. | Guerrero | 300150 t | tanquer St. | |
| | | BURIAL, CREMATION, REMOVAL | 236. DATE 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE |
| | , | Burial | | wridge Memor | | Howard Md. |
| | 24 FL | CCutty Funeral | Home 237 E | Patansco 250. DATE | REC D. BY REGISTRAR 25L REGISTRA | AR'S SIGNATURE |
| | PIC | coasty runerat | Ave. Bal | t91298. | 1 2 2 1085 Grana Da | wason-handell |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

| | | | | | 8005/8 |
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| | | Just | | DOVE EN L | |
| AS 16 Procts of Manch to a making | Birt - | | | | |
| World available | | Maria . | | tral' | |
| . The Autorial Decision of the Communication of the | | waynalang capy | | | |
| | | | 77 | | |
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| 77 31.4 | - ** | 31 -5 | 31.6 | | |
| 156-7106 20 | | | | | |
| decil | | | | | |

STATE OF MARYLAND

| CERTIFICATE OF DEATH | (GIENE | o . | |
|----------------------|--------------------------------|-----------------|----------------|
| LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 26. HDUR 💍 |
| HOUSE | July 10, 1985 | | 6:41A |
| 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HR |

Black Female 10. BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? S.C. USA

4 RACE

MARRIED NEVER MARRIED WIDOWEDX

Baltimore City DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

10

Myocardial infarction with refractory ventricular

12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE]

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

PART I. DEATH WAS CAUSED BY

Elease

13b. COUNTY

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic

1 13d. INSIDE CITY LIMITS?

Maryland General

YES X 15 MOTHER'S MAIDEN NAME

Mary

Hospital

2923 Riggs Avenue

4 FATHER'S NAME James

Md.

13a STATE

CERTIFICATION

00

IO CITY OR TOWN OF DEATH

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Richburg

17 INFORMANT

ADDRESS

13e.STREET ADDRESS / ZIP CODE

BALTIMORE CITY OR COUNTY OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES? No

166 SOCIAL SECURITY NO. 218-26-5191

Mary McKnight

2923 Riggs Avenue

tachucardia.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| 21a. | ACCIDENT WAS UNDERLYING | П | |
|------|-------------------------|---|--|
| | | | |

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE, FARM ETC.)

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER! 71d. INJURY OCCURRED

21e PLACE OF INJURY

211 LOCATION

COUNTY

22a.1 certify that (* (this hospital) attended the deceased from sow the deceased alive an JUIY 10 above, (K (we) (did) (diskst) view the body after death.

WHILE NOT WHILE

July

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

July

20a AUTOPSY?

and that in 2my) (our) apinion death occurred on the date and hour and from the causes stated

226 SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

c/o Maryland General Hospital

DIVISION OF VITAL RECORDS,

23a. BURIAL, CREMATION, REMOVAL Burial

Christopher

236. DATE 7/12/85

Hogan,

July

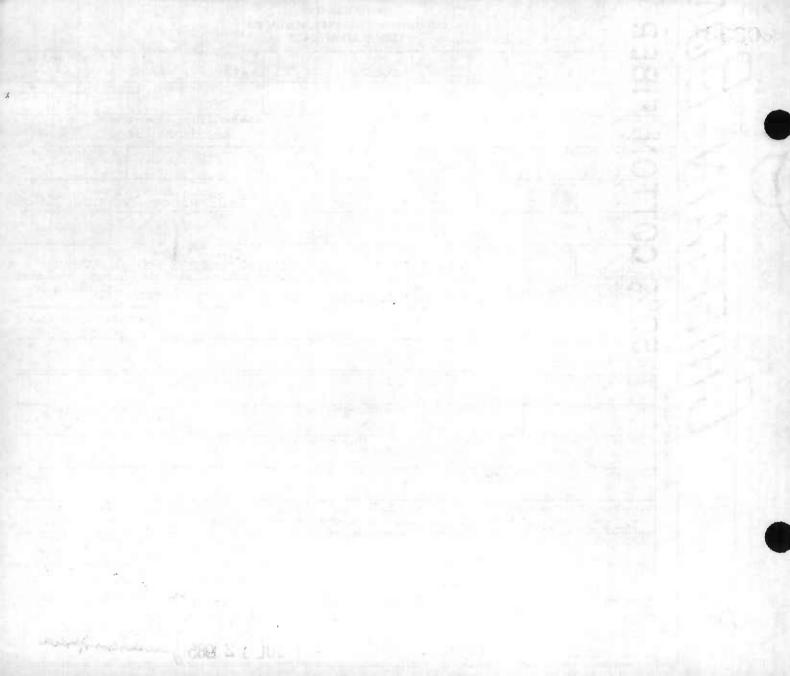
23c, NAME OF CEMETERY OR CREMATORY King Mem. Pk.

Baltimore Co., Md.

24 FUNERAL DIRECTOR Wm C March F.H.

1101 ADE North Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME Us DATE KNOWN X ELAY IS NECESSAR, 10 THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS BE FILED, WITHIN 72 HOURS DORTS ESTI-(DOROTHY) 7-29-8510 HOWARD DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX 4 RACE IF UNDER 24 HRS DATE 2d HOUR MONTH 8 YEAR LAST BIRTHDAY) PRONOUNCED Female Black 25 59 7-29-85 5:45A DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN COUNTRY MD MARRIED NEVER MARRIED Baltimore City USA WIDOWED X DIVORCED IB CITY OR TOWN OF DEATH TT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY South Baltimore Co. General Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 13h COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 113e STREET ADDRESS Baltimore 2332 Norfolk St. 21230 YES X NO [SH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marshall Griffin Wilkins 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) PAGES HEYES GIVE WAR OR DATES 212-20-7562 James A. Howard 5205 Moravia Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: HEALTH AND MENTAL HYGIENE, I. CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 id VI CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICALE, WARIIINTO THE CHIEF PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] NOY 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes X Homicide L Undetermined monner death resulted from: Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 7-29-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY

07/84 BP **DHMH - 17** (VR A15 ME (5))

25M

Burial 8/1/85 24 FUNERAL DIRECTOR

Mt. Zion Cem.

Baltimore

STATE MD

Wm. C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

a baydon gandor

DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

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STATE OF MARYLAND

| EP | ARTMENT | OF | HEALTH | AND | MENTAL | HYGI |
|----|---------|-----|--------|-----|--------|------|
| | CE | RTI | FICATE | OF | DEATH | |

| | | | STATE OF MARY | AND | |
|-------------------|---|--|--------------------------------------|-----------------------------------|---|
| 320 1 | FOR - STATE | DEP | ARTMENT OF HEALTH AND | | |
| | REGISTRAR | | CERTIFICATE OF | DEATH Q RE | GNO. |
| 1. D | DECEASED NAME FIR | RSI MIDDLE | LAST | 2a DATE OF DEAT | |
| E (1) | Marti | Ti | War and | 7 5 | 1005 |
| 3. S | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LA | |
| ŧ | V 2 | | MONTH DAY | YEAR | MONTHS DATS HOURS M |
| 20. | Male BIRTHPLACE (STATE OR FOREM | White ON 76 CITIZEN OF WHAT COUN | | 1907 78 | TY OR COUNTY OF DEATH |
| 703 | COUNTRY) | | MARRIED X NEVER | MARRIED City | TI OK COOK I OF SEATT |
| £ 820 M | Maryland CITY OR TOWN OF DEATH | USA 11. NAME OF HOSPITAL NU | | NOKCED [] | IPATION 126 KIND OF BUSINESS |
| filed withing | CITOR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE S | | | LOST OF WORKING LIFE) INDUSTRY |
| 9 | Baltimore | | tmont Avenue | Ret. Ba | Ito. City Police |
| | UAL RESIDENCE IN NURSING P | COUNTY 136. CITY OR | BEFORE ADMISSION) TOWN 13d. INSIDE | CITY LIMITS? 13e STREET ADDRI | ESS / ZIP CODE |
| EO | Md. | Balti | imore YES 🖟 | NO 3103 C | liftmont Ave. 21213 |
| e 14 | FATHER'S NAME | MIDDLE LAST | 15 MOTHER | R'S MAIDEN NAME | |
| 350 | Hicks | F Howard | Da | isu | Dean |
| | WAS DECEASED EVER IN L | J.S. ARMED FORCES? 166 SOCIAL | SECURITY NO. 17 INFORM | ANT A | DDRESS |
| 1/ | (YES, NO OR UNKNOWN) (IF | YES, GIVE WAR OR DATEST | 05-9157 Miss | Nancy Howard | Same As 13e |
| | | nter anly ane cause per line for (a), (b | | manog noward | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| | PART I. DEATH WAS | CAUSED BY: | | | S-elden |
| | 1/4/ | | ac Arrest | | 358877 |
| то топ | C to t | DUE TO, OR AS A CONS | EQUENCE OF | | URAS |
| frac | Canditians, if any, wh gave rise to immedi | ate | ac Migitalionis) | | - Person |
| ather | underlying cause le | nst DOL TO, OK AS A COINS | | | 42969 |
| ò | | (c) Corone | | | |
| No. | | CANT CONDITIONS CONTRIBUTING | O DEATH BUT NOT KELATE | DIO THE TERMINAL DISEASE OR C | CONDITION GIVEN IN PART 116 |
| ony inju | 19a DATE OF OPERATION | 10 + CECTUM | HICH OPERATION WAS PERF | ORMED 200 AUTOPSY? | 206 IF YES, WERE FINDINGS USED |
| 8 shows any injur | DAIL OF OFERATION | 179. CONDITION TON WI | MICH OF ERATION WAS TEN | | IN CERTIFYING CAUSES OF DEATH? |
| shows | 21a. ACCIDENT WAS UNDERLY | ING 7 216. TIME OF INJURY | 21. HOW | YES NO | |
| | OD CONTRIBUTING CALIC | | DAY YEAR | NJURY OCCURRED (ENTER NATURE OF | INJURY IN TEM 18 PART OR PART 2) |
| or hem 18 | (IF EITHER NOTIFY MEDICALE | | 19 | 1011 | |
| | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET FACTORY OF | FICE FARM, ETC.) | ET CITY | ORTOWN COUNTY STATE |
| Horked M | AT WORK AT WORK | | | | |
| E | | s haspital) attended the deceased Ir | | , 19 <u>\$4</u> , to | 19 55 , that (D (we) |
| 21 | saw the deceased a obave (1) (we) (did) | did not view the body after death. | 1985 , and that in fin | (aur) apinian death accurred an t | he date and haur and Iram the causes stated |
| e e | 22b. SIGNATURE | 17 | DEGREE | ATTENDA | 22c. DATE SIGNED |
| | / | / Howen | | PHYSICIAN DIRECTOR PH | STAFF HYSICIAN 7-8-85 |
| TANI: If | 22d. PHYSICIAM'S NAME | (TYPE OR PRINT) | 22e ADDRE | SS | |
| with the Store | Goorg | e E. Love MD | 3 | 703 Belair Road | Rolling |
| ₹ 230 | BURIAL, CREMATION, REM | AOVAL 23b. DATE | 23c. NAME OF CEMETERY OF | CREMATORY 1230 LOCATION | |
| 236 | | F /1 7 /0 F | | CITY OR TOV | |
| 230 | Burial | 7/11/85 | Parkwood | Balt | imore, Maryland |

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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- STATE REGISTRAR

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| EP | ARTMENT | OF | HEA | LTH | AND | MENTAL | HYGIE |
| | CE | DTI | FIC | ATE | OF | DEATH | |

| | () | CERTIFICATE OF DEATH | / REG. NO. | 0 / | 1 | 3 |
|-----------|------------------------------|-----------------------|--------------------------------|-----------------|-------------|------|
| ARA | JUNIOR ME | KENNETH ANDERSO | 2 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR | 7 |
| WILLI | (E - 1) | HOWARD | JULY 16, 1985 | | 2:30 | na M |
| | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 | HR5 |
| | Con | SEPT 17,1928 | 56 YRS. | MONTHS DAYS | HOURS | MIN. |
| P FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | | | |
| A | U,S,A | WIDOWED DIVORCED | Baltimore Ci | ty | | MD |
| EATH | 11. NAME OF HOSPITAL, NURSIN | | 12a USUAL OCCUPATION | 12b. KIND C | F BUSINES | SOR |

Maruland General SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13c CITY OR TOWN 13b. COUNTY

ALTO

13d. INSIDE CITY LIMITS? YES NO

13e STREET ADDRESS_/ ZIP CODE 808 N. CALLIERT ST 21202

USTODIAN

15. MOTHER'S MAIDEN NAME

IHRON FON 17 INFORMANT

MRS MARTHA CREST 4311 PIMELCO RUAD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sonsis DUE TO, OR AS A CONSEQUENCE OF Infected Central Venous Line DUE TO, OR AS A CONSEQUENCE OF with possible Bowel Infarction PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Pheocrocytoma

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T YES 🗍 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 19

April 4,

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OF TOWN COUNTY STATE

22a.1 certify that (this haspital) attended the deceased from. sow the deceased give on July 16, obove, (ke) (did) (stages) view the body after death. July 16.

DEGREE

Julu85 that XXwe) last and that in (m) (our) opinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL - PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

25a. DATE REC'D.

85

22r. DATE SIGNED

c/o Maryland General Hospital

230. BURIAL, CREMATION, REMOVAL 23b. DATE BURLAL 7-19-85 23c. NAME OF CEMETERY OR CREMATORY Mr ZION CEM

23d LOCATION CITY OF TOWN HANDSPOUN BALTO CO MO

24 FUNERAL DIRECTOR

RUSS 2322 W. NORTH AUB

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

REAN OF MALEST SERVE with an ever was the Bereige Terret Marking Can Howard Share Color Ches. Mar. L. Roses VIII Co. Mar. of Mar. of Mar.

204010

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE | TUEAIR | REG. NO | 0. 2 6 | 100 | 3 |
|--|--|--------------------|---------------------|---------------------------|------------------------|------------|-----------------------------|
| 1. DECEASED NAME FIRST | MIDDLE | LAST | 1000 | 20 DATE OF DEATH | MONTH DAY | YEAR a 26 | HOUR V |
| (TYPE OR PRINT) | T | While com | | 7/01 | 00 | 1 | 245 a. |
| - FFW | 14. RACE | Mari OF DIDAN | | 6. AGE IN YEARS LAST BIRT | (HDAY) IF UNDER | I VE AD JE | UNDER 24 HRS |
| 1. SEX | 13. KACE | 5 DATE OF BIRTH | | T - | | - | OURS MIN. |
| n | 13 | / . | 0 13 | +2 | YRS. | | 3 . 3 |
| 7a. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | | 9. BALTIMORE CITY O | R COUNTY OF DE | ATH . | |
| COUNTER | USA | MARRIED NEV | | BATT | imor F. | 01. | 74 |
| ID. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL NURSI | WIDOWED _ | DIVORCED [| 120 USUAL OCCUPATION | ON TIPE | CINID OF D | SUSINESS OR |
| N | (IF NOT IN SUCH FACILITY, GIVE STREET | | 143111011014 | (TYPE OF WORK FOR MOST O | | JSIRY | Q3IIVE33 OR |
| Baltimore | University of M | nay lon il | | FIENCES | CROWN) | RI | 19130H |
| USUAL RESIDENCE (IF NURSING HOME O | | | E CITY HANTES | 12. STREET ADDRESS | ZIP CODE | 7 | 1223 |
| mare V(AN) | BALL | MOX YES IT | NO [] | 13e.STREET ADDRESS | FIDEA | 12 | 7715 |
| 14 FATHER'S NAME | 1 | 7 7 7 7 7 7 | ER 5 MAIDEN NAM | AE TOTO | WILLIA | 7- | 7 |
| The state of the s | weight // 1 | - 0 | 18 | MIDDLE | 111. | LAST | nl |
| JACKSO | N 1400 | YIM II | JATT/ | (3) | 1010 | <u> </u> | |
| | RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES! | URITY NO. 17 INFO | RMANT! | ADDRE | SS | , | |
| (TES, NO OR ORKNOWN) | 1249-32- | 0644E11 | PAQ | HU0501 | 1) 7 | A | |
| LIS CALIST OF DEATH STATE | nly one couse per line far (a), (b), ai | | | | | APPROXIMAT | E INTERVAL ET AND DE ATH |
| PART I. DEATH WAS CAUSI | ED BY: | | | | 08 | ett. 1 | |
| IMMEDIA | TE CAUSE (a) hypoten | JIM | | | | 3 4 | Diat-) |
| ASSESSMENT OF THE PARTY OF THE | DUE TO, OR AS A CONSEQU | ENCE OF | | , | | 2 | |
| Conditions, if any, which | (16) uncerta | in - multiple | medial c | implications | | 300 | layj |
| gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | ENICE OF | | | | | |
| underlying cause last | 1 -4 | | | | | | |
| DADT 2 OTHER SIGNIES ANT | CONDITIONS CONTRIBUTING TO | | TED TO THE TERM | NAL DISEASE OR CONI | DITION CIVEN IN E | ADT 1 | |
| | CONDITIONS CONTRIBUTION | DEATH BUT NOT KEEP | TED TO THE TERMI | INAL DISEASE OR COIN | DITION GIVEN IN P | AKI IIG | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | LOBERATION DATE OF | Dr. o.D. v. F.D. | 200 AUTOPSY? | 20b. IF YES, WERE | FINIDING | C. ICED |
| S IVE DATE OF OPERATION | 148 CONDITION FOR WHICH | OPERATION WAS PE | KFORMED | 200 AUTOPST | IN CERTIFYING C | | |
| ii . | | | | YES NO | YES 🗌 | | NO [] |
| 21a. ACCIDENT WAS UNDERLYING | LICHE A M. MONITH D | | V INJURY OCCURRI | ED (ENTER NATURE OF INJUI | RY IN ITEM TO PART TOR | ART 2) | |
| OR CONTRIBUTING CAUSE OF DE | AIR | AY YEAR | | | | | |
| OR CONTRIBUTING CAUSE OF DE | 21e PLACE OF INJURY | 211 LOC | ATION | | | | |
| NOT WHILE | (AT HOME STREET, FACTORY, OFFICE | | TREET | CITY OF TO | WN COL | Yîni | STATE |
| NOT WHILE AT WORK | | | | | | | |
| | ital) ottended the deceosed from. | | 19. IT | | . 19_5 | | it (1) (we) last |
| saw the deceased alive as | n 7- (9 19) ot) view the bady after death. | and that in (| my) (aur) apinian d | leoth accurred an the do | ate and have and fr | am the cou | uses stated |
| 22b. SIGNATURE | 1 - | DEGREE | - 20 | 1000 | 220 | DATE SIC | SNED |
| 51000 | II MAS | | ATTENDING | MEDICAL STAF | | 7/91 | 15 |
| 226. PHYSICIAN'S NAME (TYPE | | 22e ADD | | DIRECTOR PHYSIC | IANU | 7 1 1 | |
| StevenJ | | I LEG ADD | | of may land | 110-11 | | |
| 3 40040 | KITTINE | | MINION 1149 | and land | MADVILLE | | |
| 214 BUILLA SEMATION, REMOVAL | 23b DATE 23c | NAME OF CEMETERY | OR CREMATORY | 23d LOLATION | 1 | 74. | 1 |
| Bural | 7-16-85 A | COUNTIE M | m.tan | Dar | D . COUNT | 1 | MA |
| 24-SUNERAL DIRECTOR | 1013 | 10/2 | IIIa DATE | REC'D BY REGISTRAR | 25b. REGISTRAR'S & | GNAVIA | ridelle ! |
| K0514 500 | 27 DOW | vo, par | | L 1 6 1985 | giona bound | De Ma | |
| TOWN YOU | 10000 | 8 Tree | 1 30 | L 1 0 1000 | 0 | | |

DHWH - 16-50M 4/83 (VRA 15. 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

rector, page 3 urs after death

| FOR - STATE REGISTRAR | DEPART | MENT OF HEALTH AND M | ENTAL HYG | SIENE SPEG. NO. | 9 4 1 4 |
|--|--|-------------------------|------------|--------------------------------|---|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) | Beatrice E. HUGHES 7 20 85 7:45 8 ARCE Black 7 27 98 86 YRS 10 DATE OF BIRTH MONTH DAY YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH U.S.A. WIDOWED DIVORCED DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If HONT INSUCE FACILITY, ONE SEEDENCE BEFORE ADMISSION) BRINGWISH DAY PLASS AS SEPERT ADDRESS 2805 Elgin Avenue BRITTY OF TOWN BRITTY ON TOWN BRITTY OF TOWN BRITTY OF TOWN BRITTY OF TOWN BRITTY ON TOWN BRITTY O | Zu HOOK | | | |
| | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PREST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 126. HO Beatrice E. HUGHES 7 20. 85. 7: | 20 85 7:45P | | | |
| 3. SEX | 4 RACE | | VEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | |
| Female | Black | | | 86 YRS. | MONTHS BATS HOURS MIN. |
| 70 BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | MADDIED NEVED AA | APPIED T | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| Maryland | U.S.A. | | | Baltimore | City MD |
| 10 CITY OR TOWN OF DEATH | | | TUTION | | 12b. KIND OF BUSINESS OR |
| Baltimore | Pleasant Mar | nor Nursing | Cent | | Pvt. Family |
| Md. | DUNTY 130 CITY OR TOV | NOTE YES X | NO 🗌 | Baltimore, Mary | |
| 14 FATHER'S NAME FIRST George | | F | RST | | Young |
| 160 WAS DECEASED EVER IN U.S. | | URITY NO. 17. INFORMAN | IT | 2805°Elgi | n Avenue |
| No. | 212-32 | 2-4067 Geral | dine M | | |
| PART 1. DEATH WAS CAL | JSED BY: Na Dia | respura tou | , ai | VoT | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Canditions, if any, which | /~ ^ | ence of As | CUD | (Seulie) | 34rs - |
| cause (a), stating the | DUE TO, OR AS A CONSEOU | ENCE OF | | | |
| PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED T | O THE TERM | INAL DISEASE OR CONDITION GIV | EN IN PART I(a |

| 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | 200 AUTOPSY? | | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH | | | |
|--|--|------------------------|-----------------|---|-------------------|----------------|------|
| Production of the second | | | *YES | NO | YES | | NO [|
| 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21¢ HOW INJURY OCCU | JRRED (ENTER N. | ATURE OF INJU | RY IN ITEM 18 PAR | T 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK | 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TO | WN | COUNTY | STAT |

DEGREE

ATTENDING PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED

MEDICAL STAFF 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL

Burial

231. NAME OF CEMETERY OR CREMATORY Arbutus Mem, Park

23d LOCATION CITY OR TOWN Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECT should be detoched fwith the State Dept. of

MPORTANT.

14 Nutter & Sons Funeral Home, Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

7/25/1985

23b DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE The Davidson Randell

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Domestic Wyt. Eastly

2501 Symma Palls Phys. Baltimore, Md. 21216 L.

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| 214121 | - | STATE | | | CATE OF D | | | |
| 102 | | REGISTRAR | | CERTIF | CAILOFD | KAIN | REG. NO. | 0 1 6 6 |
| | 1 DEC | EASED NAME FIRST | WIDDLE | l. | AST | | | AY YEAR 26 HOUR |
| o 6 | | OR PRINT) | | | | | THE DATE OF DEATH | _ 10 110011 |
| 0 0 0 | | Jan | 20. | Ц. | - Loc | | 777 | 6 85 M |
| oge deot | | | | 770 | d MEZ | | | |
| L . 0 | 3 SEX | | 4 RACE | 5. DATE C | | | | ONTHS DAYS HOURS MIN. |
| 4 200 | | MI | Black | MONTH | - | YEAR | C3 1 | ONTHS DATS HOURS MIN. |
| 8 2 5 | | 11916 | Diack | 106 | 05 | 37 | → → YRS. | |
| Po di | 7a BI | RTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | | rea/ | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 4 50 52 | (| OUNTRY) AA | 1 10 1 | MARRIEI | NEVER A | MARRIED 12 | D. II. | n't |
| 0 000 | | / ld | I USA | WIDOWE | DI DA | VORCED [| Baltimor | MD. |
| the de the | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | IRSING HOME C | R OTHER INST | ITULION | 12a USUAL OCCUPATION | 126 KIND OF SUSINESS OR |
| ā 9 3 <u>ā</u> | | TORTOWING DEATH | (IF NOT IN SUCH FACILITY, GIVE S | | | | LIYPE OF WORK FOR MOST OF WORKING LIFE | |
| 5 TB 5 X | (K | Daltimore | University H | lospita | | | Nicabled | ~ |
| A DE 20 | 112.11 | | | | • | | Dizspled | 21 |
| o prin | | TATE 1136 COL | OR OTHER INSTITUTION GIVE RESIDENCE E | TOWN | 13d. INSIDE CI | ITY LIANITS? | 13e STREET ADDRESS / ZIP CODE | 51513 |
| 4 Be 2 | 130. | MI | Religion | timore | YES TY | | 13111 00 0 11 | 01 1 |
| 2 = 3 5 | | 100 | Pall | 111-010 | 4 | NO 🗌 | 1210 N. Patters | on TK HVE |
| # | 14 FA | THER'S NAME | | 11/4/25/25 | 15. MOTHER'S | MAIDENNA | WE | |
| The second | | OFIRST CE | MIDDLE | 1 | 1. | FIRST | MADDIE | LAST |
| D TOTAL STATE | 3 | CIIT | 14-01 | ghes | 4 | 1110 | Mae | charles |
| 5 47 - 5 | 16a V | AS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL | SECURITY NO | 17 INFORMA | NT | ADDRESS | |
| 1 1 | (| ES, NO OR UNKNOWN) (IF YES, C | | 1" milion | _ | - 1 | 1011 | |
| 11 00000 | | No | 110-6 | 6- 1400 | Lura | Deller | 5 1210 N. Pa | tte-500 8k. |
| 0 0 - | | - 1712 | | | | | | |
| 10 280 | | 18 CAUSE OF DEATH (Enter | only one couse per line for (a), (b | i, and (c) | | | , | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| g 488 8 | | PART I. DEATH WAS CAUS | | inad. | ~onar | A | trest | _ |
| 0.00 | | IMMEDI | ATE CAUSE (0) | rindair | ~UIIaI | 9 | 11.531 | |
| 0 1111 | | | DUE TO, OR AS A CONSI | EQUENCE OF | | 1 | | THE PARTY OF THE PARTY OF |
| 5 5000 | | G - 411 | <i>P</i> - | | | | | 2 days |
| de de de | | Conditions, if ony, which | (b) Sepsi | 7 | | | | 61 cmm |
| 2 1 2 2 2 | | gove rise to immediate couse (o), stating the | 3 005 70 00 15 150 150 | | | | | J |
| 2552 | | underlying couse lost. | DUE TO, OR AS A CONSI | 1 - | 0 | | | W days |
| od The second | | onderlying coose lost. | (c) /tsp1 | ration | (ne | UMOIR | 14 | 7 0043 |
| ple ed | | BART 2 OTHER SICNIES AND | CONDITIONS CONTRIBUTING | TO DEATH BUT | NOT BELATED | TO THE TERM | IN AL DISEASE OR CONDITION GIVE | ENI INI DART I |
| 5 6 6 6 | 7 | PART 2 OTHER SIGNIFICATOR | | 1 | NOI KELAILD | TO THE TERM | MINAL DISEASE ON CONDINCTON | TO IN TAKE THO |
| the sale | ō | Circhos | 15 W/ ASCI | tes | | | | |
| 9 = 10 × 77 | - | 190 DATE OF OPERATION | 196 CONDITION FOR WE | HICH OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? 20b. IF YES | , WERE FINDINGS USED |
| 0 0 0 0 | O | THE DATE OF OF EMPIRE | | | | | IN CERTIF | YING CAUSES OF DEATH? |
| e p p p p | = | Management | | | | 1.0 | YES NO YES | NO [|
| The The house of Shore | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 1717 HOW IN | HIPY OCCUPE | RED (ENTER NATURE OF INSURY IN ITEM 18 P. | ART LOR BART 21 |
| Z Z DOT 8 | U | OR CONTRIBUTING CAUSE OF D | LICHE A M. MONITH | DAY YEAR | | JOHN OCCOM | (Eldier datore of hands as them to the | an i On i An i 2) |
| Ald fire lot E | AL | (IF EITHER NOTIFY MEDICAL EXAMIN | ZAIN | 19 | | , | | |
| Sign of the state | MEDICAL | | | 17 | 211 LOCATIO | SNI | | |
| The second | 3 | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | SICE BARA ETC) | STREET | 214 | CITY OR TOWN | COUNTY STATE |
| the the | Σ | WHILE NOT WHILE | TAT FOME, STREET, PACTORY, OF | FICE, FARM EIC) | | | | |
| Z 0 \$ 5 4 5 | | AT WORK AT WORK | | - | 541 | 0.5 | | |
| B Se Se | | 22a I certify that (i) (this has | pital) attended the deceased fr | om_Jul | 124 | , 19 85 | to July 26 | 9, tho (1) (we) lost |
| A D W CH | | sow the deceased alive of | on July 16 | 19 10 00 | d that in mw | (our) opinion | death occurred on the date and hour | and from the causes stated |
| CT Spire | | obove, (1) we) (did) (did) | not) view the body ofter death. | | 0 | | | |
| R RE | | 22k SIGNATURE | | | DEGREE | | | 220 DAJE SIGNED |
| 0 e 0 0 0 = | | 0 4 | 11 1 | | A | TTENDING | MEDICAL STAFF | 17/26/85 |
| Al Al | 200 | Di ohang | - yer | | | PHYSICIAN [| DIRECTOR PHYSICIAN | 1/20/00 |
| O HOSPITAL TO FUNERAL should be det with the State | | 224. PHYSICIAN'S NAME (WIP | E OF FRINT) | | 22e ADDRES | S | | 70.7 |
| R H G C C C C C C C C C C C C C C C C C C | | 1 . + | 4 - | | 00 | south 1 | Casas Si Ral | timore Md. |
| Shauling Fig. | | B. Larry Je | mkins Jr | | dd. | walk ! | Greene St Bal | The section of |
| 5 à 5 4 3 ₹ | 22 . (| UPIAL CREMATION RECORD | I Isa Date | 22. NIAME OF C | ENETEDY CO. | 2051117061 | 23d LOCATION | |
| | | SURIAL, CREMATION, REMOVA | | 23c NAME OF C | EWEIFKA OK (| KEMATORY | CITY OR TOWN | COUNTY STATE |
| BP. | | 0 | 8/1/85 | Mt. Z | ion (| Cem. | Balto, | m O |
| 01 | 24.5 | Durial | 1 , | | | 105-047 | L DECID BY DECIDED AND STORES | IND |
| DHMH - 16 50M 4/83 | 24. FI | JNERAL DIRECTOR | | *** | | ZSa. DAT | E REC'D. BY REGISTRAR 256 REGISTR | ARIS SIGNATURED |
| (VRA 15, 4) | | r 20. 1 | h 8/1+ 1101 | E. No | + th A | | 31 185 | - 1 - 100m |
| (10,10,7) | W | m. C. Marci | ח יייי ח | m + 100 | 4 110 11 | 1 | 00L | |

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38 X LOT A Topics | Hughest Tele Black Do or 32 52 AZU UPA Wilderick to travel between the billion of the state of 194 The Butter of 1910 to Reference Al Acre Hopker Letter Mer Communication 19.10 Cardiapulmenary Airest Cie-heart wil Arriver and a service of the control of

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STATE OF MARYLAND

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DESCRIPTION OF THE PROPERTY OF

| | _ FOR | | TE OF MARYLAND | Water II | |
|--|--|--|---------------------------------------|---|----------------------------|
| 210040 | 1 - STATE | | HEALTH AND MENTAL H | | 1 / |
| 218048 | REGISTRAR | | IER'S CERTIFICATE | FDEATH REG. NO. | |
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | LAST | 20. DATE KNOWN X | ONTH DAY YEAR 26 HOUR |
| 2 4 5 5 5 F. | WI | LLIAM BRAXTON | HUNT | OF ESTI- 7 | -29-85 |
| A CHEST | 3. SEX 4. RACE | 5. DATE OF BIRTH 6. AGE (IN YE | ARS IF UNDER TYR. IF UNDER | | ONTH DAY YEAR 26 HOUR |
| Z E ST | MOIE RINGE | MONTH DAY YEAR LAST BIRTHO | AY) MONTHS DAYS HOURS | | -29-85 , 2:48P |
| ANDON | THE DEACH | | RS. | | 10 |
| NECESSARY, PEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS | To BIRTHPLACE (STATE OR FORFIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARR | PED 9 BALTIMORE CITY OR C | OUNTY OF DEATH |
| SZZZ Z | VIRGINIA | USA | WIDOWED DIVORC | ED Baltimore Ci | tv MD |
| SE WEEK CO | ID. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOM | E, OR OTHER INSTITUTION | 1120 USUAL OCCUPATION (TYPE OF) | WORK 1126 KIND OF BUSINESS |
| Total V | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1906 Hope Street | | FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| - Laza | | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS | ION) | CHIBURII | 21213 |
| 8 3 25 5 | 130. STATE | The state of the s | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 05 5700 |
| MD. 2120 H. JF ANY A.3. B. TA A.3. B. TA A.3 | MIRKUTIVY | BACITA | ORC YES NO [| 1906 E. MU | C SIREE! |
| A F-SON | 14. FATHER'S NAME | MIDDLE LAST . | 15. MOTHER'S MAIDE | N NAME | LAST |
| A ANGERT | JAMES | W. HUN | MAE | 15% | PADLEY |
| IN OPA | 160. WAS DECEASED EVER IN U.S. AL | RMED FORCES? 16b. SOCIAL SECURIT | Y NO. 17. INFORMANT | ADDRESS | |
| P FATES (| LIVES, NO. OR UNKNOWN) (IF YES, GIV | 773-44-4 | 13/7/ ISA HI | INT 1906 | F. HURE ST |
| S S S S S S S S S S S S S S S S S S S | | nly one cause per line far (a), (b), and (c).) | OI PETOTO IT | ,,,,, | APPROXIMATE INTERVAL |
| THE PERSON AND THE PE | PARTI DEATH WAS CAUS | Drowning | | | BETWEEN ONSET AND DEATH |
| ● 全局及股份 | 9104 IMMEDIA | DUE TO, OR AS A CONSEQUENCE | | | |
| TED WITHIN 24 NAMINES ALON TERANSITE MENTAL HYGHE MENTAL HYGHE NO. OR REMOVA | Canditians, if any, which | | OF | | |
| 201 W. PRI UTED WITH IN PENCIL EXAMINER PAL-TRANI O MENTAL ON, OR REA | gave rise to immediat | e (b) | | | |
| * YANTO | cause (a) stating the <u>under</u> lying cause last. | DUE TO, OR AS A CONSEQUENCE | OF | | |
| IDS, 201 W. PREST KECUTED WITHIN JG". IN PENCIL IN ALE EXAMINER A BAIL EXAMINAL HY AND MENTAL HY ATION, OR REMO | Tyring Coose Idai. | (c) | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 RITING THE WORD "PENDING" IN PENCIL IN THE RED TO THE CHIEF MEDICAL EXAMINER ALON RES 3 SHOULD BE USED AS A BURIAL "RANSIT FRE E DEPARTMENT OF HEALTH AND MENTAL HYGHE OF PRIOR TO BURIAL, CREMATION, OR REMOVAL | PART 2 OTHER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN IN PA | PT 1 (a) | |
| DIVISION OF VITAL RECORDS THIS CERTIFICATE SHOULD BE EXEC. WARDED TO THE CHIEF MEDICAL TO THE DEPARTMENT OF HEALTH AN TO THE DEPARTMENT OF HEALTH AN TO THE DEPARTMENT OF HEALTH AN TO THE THE MEDICAL CREMATI | | | | | |
| FEA MINE | Seizure di: 190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS | 196 CONDITION FOR WHICH OPER | ATION WAS PERFORMED? | | 20 AUTOPSY? |
| SHOUL SHOUL CHIEF TOF H URIAL | OF THE PROPERTY OF THE PROPERT | | | | 20 AUTOFST? |
| - SOURING - | 21g EXTERNAL CAUSE WAS | 216 TIME OF BUILDY | Tal way have a consen | | YES W NO |
| STATE OF THE WAREN | | DETWEED INJURY : 60PM& | 216. HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 PART) | OR PART 2) |
| AARTO AR | CONTRIBUTING CAUSE OF | DEATH 12:30PM 7-28-85 | subject four | nd slumped over t | ub in water |
| VIS SEPARATION NO. | CONTRIBUTING CAUSE OF 214 INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (ATHOME, | 21f LOCATION | | |
| DIVIS E: THIS CER FE, WRITIN RWARDED PAGE 3 STATE DEF STATE DEF | AT WORK AT WORK | STEED THREE STOCK | 1906 Hope S. | t. Baltimore, Ma | ry and STATE |
| RW. | | | | | |
| AND SEE | | ge af the remains described abave, held an | Autapsy X, Inspectiar | n L, Inquiry L, and in | my apinian |
| WE HOLL | death resulted fram: Natu | ural causes Arcident X, Su | icide , Hamicide , | Undetermined manner, | |
| WAN BEEN | ACTUAL HOMA | m lhow of | Assistan | | DATE 7-29-85 |
| ¥#5¥## | SIGNATURE WOOD | Le Me fre | M.D. ASSIStall | MEDICAL EXAMINER S | SIGNED |
| NA SEE | EYAMINED'S NAME Ma | Annita A Kanall M | D 111 I | Dann Ctuant | |
| ₹ ☐₩ ₽ ₩ E | EXAMINER'S NAME Ma | rgarita A. Korell, M. | D. ADDRESS III | Penn Street | |
| TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARY MARY | 230. BURIAL, CREMATION, REMOVAL | 236. DATE 23c. NAME OF CE | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN | |
| 07/B4 BP | BURIAL | 9-1-95 mT - | ZIUN Cinn | BON TIMUEL | MARVITAND |
| 25M | 24 FUNERAL DIRECTOR | 0.71 | 25a. DATE R | REC'D. BY REGISTRAR 256 REGISTRA | AR'S SIGNATURE |
| DHMH - 17 (VR A15 MÊ (5)) | BRIGHT Hotom De 1 | E 11 ADDRESS (1211) B1 | ALIO CANIO | 10 mm 11. 2 | . 50 |
| (41 M 10 ME (3)) | ELUWIYI IIOHIKSON | · 11. 1410 W. 12/1 | L/U. 3/1 AUG | 4 Hora Dan | iden-handelle # |

the hospital or

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

| 5 | 1 - | STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYG | IENE | 0 1 | 9 4 | 18 |
|----|---------------|--|----------------------|------------------------|------------|-------------------------|--|-----------------|-------------------|----------------------------------|
| 1 | | CEASED NAME FIRST | MIDDLE | | L/ | AST | | MONTH | DAY YEAR | 2b HOUR |
| | (TYPE | Helen | | | Hurl | | | 7-1 | 19-85 | 2 25 PM |
| | 3. SE) | X | 4. RACE | | 5. BATE O | DAY YEAR | 6. AGE (IN YEARS LAST BIR | (HDAY) | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| | | Female | White | | June | | 69 | YRS. | | |
| 1 | | RTHPLACE (STATE OR FOREIGN | 7b. CITIZEN OF WHA | T COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | Y OF DEATH | |
| 9 | | Maryland | U.S. | ۹. | WIDOWE | | BALTIMORE | | | MD. |
| 4 | | TIMORE CITY | 11. NAME OF HOSE | PITAL, NURSIN | ADDRESS) | ROTHER INSTITUTION | 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Partner | | FE) INDUSTRY | Store |
| + | NSU/ | AL RESIDENCE (IF NURSING HOME OR | | | | | | | 1 | . 00010 |
| 1 | 13a. S | Md. | | city or towi Balto. | N | YES X NO | 333 Home | | | way2121 |
| 9 | 14. FA | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME | | Cla | |
| Δ. | 16a V | Henry VAS DECEASED EVER IN U.S. AR | | nman SOCIAL SECUI | RITYNO | Maude 17 INFORMANT | ADDRE | SS | Cla | T'K |
| | | | E WAR OR DATES) | 13-48- | | | | | Sam | ie |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) | | | | | | | | MATE INTERVAL ONSET AND DEATH |
| | | PART I. DE ATH WAS CAUSE IMMEDIAT | | | | | | | | |
| | | Minedian | | | | | | | | |
| | | Conditions, if any, which (b) Ryper Euclinean | | | | | | | | |
| | | gave rise to immediate cause (a), stating the | | | | | | | | |
| | | underlying cause last. | DUE TO, OR AS | Enal | Ryn | mhoma (| notable) | | 1 | |
| | | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTI | RIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | VEN IN PART 110 | 3 |
| | S O | Bowel | obs force | teon | | | | | | |
| 9 | CERTIFICATION | 190. DATE OF OPERATION | | | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FINDIN | |
| 1 | RTI | | 1 1 10 | | 21 | | YES NO | | ES 🗌 | NO 🗌 |
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. | JURY MONTH DA | | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 I | PART I OR PART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | P.M. | NJURY | 19 | 211 LOCATION | | | | |
| | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET, F | ACTORY, OFFICE, FA | ARM, ETC } | STREET | CITY OR TOWN | | COUNTY | STATE |
| | | 220.1 certify that (1) (this haspi | tal) attended the de | ceased fram_ | Vh | / // | 10 Teleg | 19 | | that (I) (we) last |
| | | saw the deceased alive an Telegraf 9 1985, and that in (my) Lour) opinion death accurred on the date and hour a above CLP (we) Glad (did not) view the body after death. | | | | | | | | causes stated |
| | | 27h SIGNATURE | 11 | 7 | [| DEGREE | | | 22c. DATE | |
| | 8.1 | Milodore | - from | al_ | | ATTENDING PHYSICIAN | MEDICAL STAI | IAN | 7.6 | 8-85 |
| | | 224. PHYSICIAN'S NAME (TYPE O | R PRINT) | 2 (22.5) | | 22e ADDRESS | A TOTAL S. | (S) () | | |
| | | Theodore Kran | ner M.D | | | UNION MEMORIA | AL HOSPITAL | | | 12.70 |
| | | BURIAL, CREMATION, REMOVAL | 23b DATE | 23c N | AME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | 12 CD + A (C) | |
| | | (SPECIFY) Burial | 7-22-8 | 5 | Drui | d Ridge | Pikesvi | ille | Balto. | Md. |
| | | UNERAL DIRECTOR | 10.7 | | | to., Md. 250 DATI | E REC'D. BY REGISTRAR | 25b. REGIS | TRAR'S SIGNAT | URE |
| | H | enry W. Jenki | ns & Sor | ADDRESS | 4905 | York Rd. JU | L 2 2 1985 | 1 | an account | |

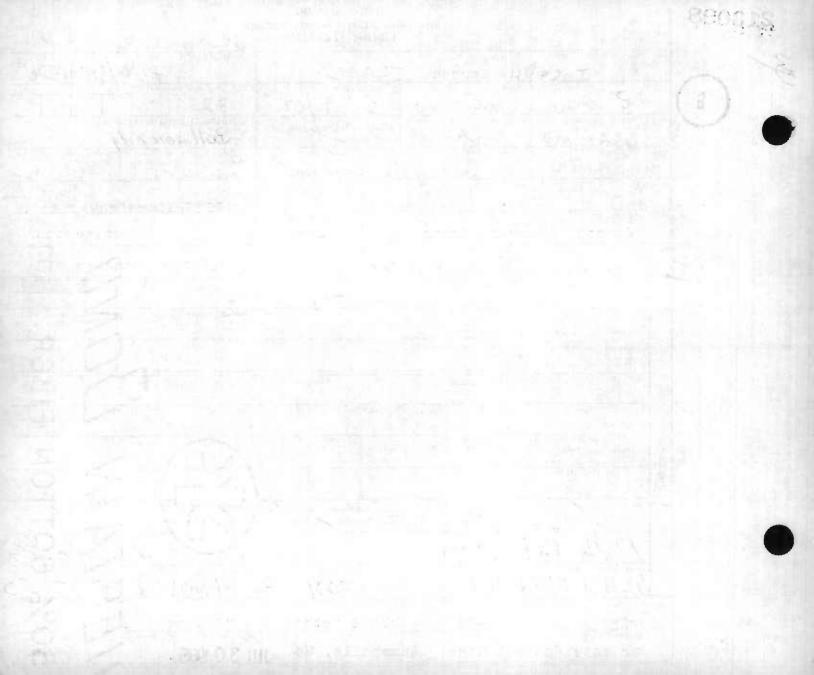
encis distribution entire SSE Home und Southweyered .ofles estably 219-48-1671 E. Kingdon Humbolk Jr.

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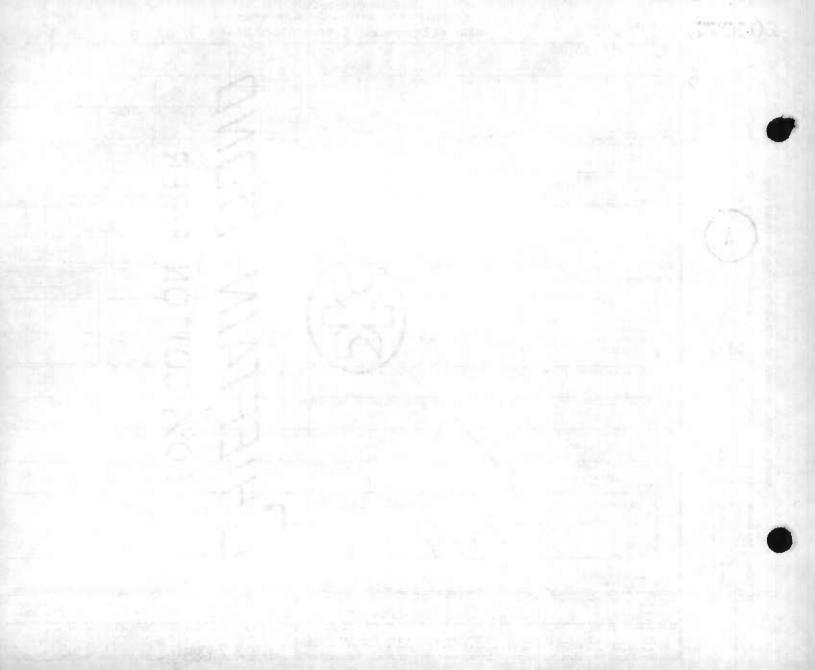
| | 11 | | | STATE OF MARYLAND | | |
|--|--|--|--|---|---|---|
| 22001 | 11. | FOR | DEPA | RTMENT OF HEALTH AND MENTAL HY | GIENE | |
| LOUI. | 4 | = STATE REGISTRAR | | CERTIFICATE OF DEATH | 9 SAREC NO | 9 4 9 |
| | | DECEASED NAME FIRST | WIDDLE | LAST | REG. NO. | DAY YEAR 26 HOUR |
| ಬ ∓ | | YPE OR PRINT) | | 7 | 0.77 | |
| D 0 | | Eze | | Ingram | 07 | 70 07 3 - |
| | 3. | SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS |
| t) | | Male | BLACK | 05 23 1900 | 85 YRS | |
| Jan Jan | 70 | BIRTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF WHAT COUNTR | Y? 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| ~ / | 01 | NORTH_CAROLIN | 17 USA | WIDOWED DIVORCED | | City |
| with with ied | | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINES |
| by the | 1 | Baltimore City | Since Hospi | 4 | RETIRED | LIFE) INDUSTRY |
| e in the first | 11: | SUAL RESIDENCE HE NURSING HOM | E OR OTHER INSTITUTION, GIVE RESIDENCE BEI | | | 7191 |
| Plan Plan | E 13 | o. STATE | T 0 | VES EN NO E | 13e.STREET ADDRESS / ZIP COL | E |
| should should be to the | <u> </u> | FATHER'S NAME | eltimorecity Balti | NOTE YES NO D | 2606 Scylbium | AUC, Bultmore |
| nd 2 s | | FIRST | MIDDLE LAST | FIRST | WIDDLE | LAST |
| g 6 | 2 | John | Inco | an Pearl | ADDOCCO | unknown |
| ond | 16 | WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES | CAVE WAR OR DATES | | ADDRESS | |
| Poge | | no | 20 702 | 4940 Bentrice | Gregory 2606 C | ylbum Ave, Ra |
| popers popers novol. | | 18. CAUSE OF DEATH (Enter | r only one cause per line for (a), (b), JSED BY | and (c).1 | | APPROXIMATE INTERV. BETWEEN ONSET AND D |
| ph) | | | DIATE CAUSE (0) Cardios | Julmonary arrest | | |
| ding or re or re | | | DUE TO, OR AS A CONSEC | DIJENICE OF | | S. C. SVS-S |
| ve con. | | Conditions, if any, which | (16) Venty | 8.3 | | 5 minutes |
| moti r tro | | gave rise to immediate cause (a), stating the | | | | |
| by the | | underlying couse lost. | DUE TO, OR AS A CONSEC | 1 . 6 4 | | 8 hours |
| ed be | | DARLS OTHER SICNIES AN | (c) Conves | O DEATH BUT NOT RELATED TO THE TER | AUNIAL DISCASS OR CONDITION O | |
| sign hen to bu | 1 | | AT CONDITIONS CONTRIBUTING I | O DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION G | IVEN IN PART HO |
| ior tin | -13 | 190 DATE OF OPERATION | 18h CONDITION FOR WHI | CH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. 1F YI | ES, WERE FINDINGS USED |
| os boserm | NOTA CITY OF THE PARTY OF THE P | 1/A | 176 CONDITION TOR WITH | CHOPERATION WAS PERIORMED | INCERT | IFYING CAUSES OF DEATH |
| Sit ho | | NA | 216. TIME OF INJURY | 121 11011111111111111111111111111111111 | | res No |
| Inficate I-tronsi of Hygin n 18 sh | - | OD CONTRACTOR TO CAUSE OF | 110.00 | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| buriof-th Mentol or Item | / Policies | (IF EITHER NOTIFY MEDICAL EXAM | INER) P.M. | 19 | | |
| this d M | 1 3 | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI | 211 LOCATION STREET | CITY OR TOWN | COUNTY STA |
| ter the sthe hond | 1 | AT WORK NOT WHILE | | | | |
| s mo | | 22a-I certify that (I) (this ha | ospital) attended the deceased from | | , 10 | . 19_ 85 _, that (I) (w |
| of H | | saw the deceased alive | on 7/30 19 | 25, and that in (my) (our) opinion | n death occurred on the date and ha | our and from the causes stat |
| REC per em | | 21 SIGNATURY | nail view the bady after degin. | DEGREE | | 22c. DATE SIGNED |
| e De la Fire | | 1/1- | C Colo | MA ATTENDING PHYSICIAN | MEDICAL STAFF | 7/30/8 |
| Stot ANT | | 22d. PHYSICIAN'S NAME (IV | PE OR PRINT) | 22e ADDRESS | DIRECTOR PHYSICIAN | 111000 |
| FUN Fld b | | 41 | 1 () | MO 5079 B | Jactore B Dais | P I |
| should be deto with the Stote DimPoRTANT: If | - | Nome | VII VII CO | MD 5929 BI | Western Kum Uni | R, Baltimore |
| | 23 | BURIAL, CREMATION, REMOV | /AL 236. DATE 23 | NAME OF CEMETERY OR CREMATORY | 23d, LOCATION SK'IPPER | COUNTY STA |
| | | REMOVAL | 8-1-85 | Ingram Familt Lo | ot Skippek | VIRGINIA |
| 16 50M 4/B3 | 24 | FUNERAL DIRECTOR | ADDRES | 25a. D.A | ATE REC'D. BY REGISTRAR 256 REGIS | |
| 15, 4) | | ELIZABETH | | N. MONROE ST A | UG 6 1985 Salia | Davidson-Randel |
| V | 1 | THITARDELL | FILTUITED 1/2 | N. HONKOE ST. | | |

STATE OF MARYLAND 213098 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTE 26 HOUR (TYPE OR PRINT) Warren . SEX 6. AGE (IN YEARS LAST BIRTHDAY ESTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTR' (ren) MICHINIST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE 13b COUNTY 13e. STREET ADDRESS AACO. MI MITIMORY YES A 4 0.2 Crain Highway 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE Annie Catterton Joseph Warren Isaac 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR GATES) 2120489 NOW Margaret Clinton Same as E . APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Allers , CARDIO-RUS DINTER IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? the burial-transit pe and Mental Hygiene NOW YES T NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL FIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 50 AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (this hospital) attended the deceased from. sow the deceased alive on and that in (our) opinion death occurred on the date and hour and from the causes stated above M (we) (did) Land not) view the body after death DEGREE 22c DATE SIGNED MEDICAL hould be deta ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN TO MPORTANT: 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN BP. 8-1-85 Nichols Bethel Burial Odenton AACO. Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Annapolis, Md. (VRA 15. 4) Hardesty Funeral Home

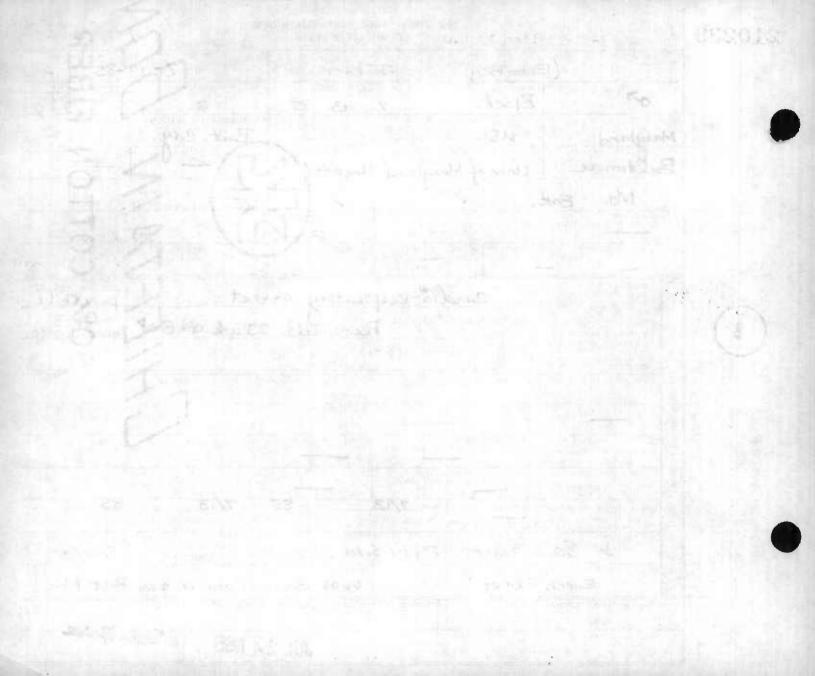


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Imbrogulio Josephine 4/1985 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 3 HOUR AST BIRTHDAY PRONOUNCED April 7. 1898 87 White DEAD Female 19 85 78 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X DIVORCED U.S.A. Colorado Baltimore City RETAIN PAGE 5 IOULD BE FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Homemaker Home Baltimore St. Agnes Hospital HISTIAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFOR Baltimore 13n STATE 13b COUNTY 13d INSIDE CITY LIMITS? 1703 Desoto Road 21230 MD. 2120 Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Fonte Fava BALTIMORE. Frank Rosaria 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES Anthony Imbroqulio 1703 Desoto Rd. 21230 212-74-3193 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stating the underlying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ICATE WRITING...
F FORWARDED TO THE C...
FTOR: PAGE 3 SHOULD BE US
TARE PAGE 3 SHOULD BE US
TATE DEPARTMENT OF YES 🗌 NO [X] 218 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes XX Accident Undetermined monner TITLE (SPECIFY) ACTUAL 7/15/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland (SPECIFY) Baltimore July, 18 1985 New Cathedral Cemetery Burial 07/B4 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc. 4107 Wilkens Avenue DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND



| | 1 | FOR | | STATE OF MARYLAND | | |
|---|----------|--|--|---|--|---|
| 210239 | 1 | - STATE REGISTRAR 7-31-85 | | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | - 1 C | 22 |
| | | ECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| 1 75 | 100 | (C | Baby Boy) | Jackson | 7-13 | 3-85 4 P. M |
| 100 | 1.5 | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER 1 YEAR IF UNDER 24 HRS |
| 100 | - | 071 | Black | 7 13 85 | O YRS. | DO BOURS MIN. |
| A 32 8 | m | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY C | OF DEATH |
| 1 176 | | latyland | us. | WIDOWED DIVORCED | Balt. City. | MD. |
| 1 110 | 8 3 | tinge town of DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET, | and Hospital | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOULD LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| 力 | 5 130 | AL RESIDENCE (IF NURSING PAGE OR | OTHER INSTITUTION ONE RESIDENCE BEFORE 13c CITY OR TOW | ADMISSION) 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS / ZIP CODE | 1. 21229 |
| 4 12 12 | 10 | ATHER'S NAME | MIDDIE (AST | 15 MOTHER'S MAIDEN NA/ | WE | LAST LAST |
| diesol to | 16a. | WAS DECEASED EVER IN U.S. ARI | MED FORCES? 16b. SOCIAL SECU | RITY NO. 17 INFORMANT | ADDRESS | A.C. Story |
| 4 11 1 | - | | | | | 7/11 |
| physic physic mostil event, t | 1 | PART I. DEATH WAS CAUSE | ly one couse per line for 101, 101, one DBY: E CAUSE (a) Qardio- | | rest | BETWEEN ONSET AND DEATH |
| 1 | | | DUE TO, OR AS A CONSEQUE | | 23 wk ad Bo7 | ~3hRs |
| 1 4/ | | Canditions, if any, which gave rise to immediate | (b) | the trable | 23 WK 00 00. | agonal Resp. |
| 1 | | couse (o), stating the underlying cause lost | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| spired spired ben ples to burn | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART Ira |
| to be | THECATIC | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YES, IN CERTIFY YES NO YES | WERE FINDINGS USED ING CAUSES OF DEATH? |
| CLAN. 1 2 phylic erificote mi-roni reol hyp | At CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH DA | YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | T + OR PART 2) |
| O PHTS otherding on the bur and Ma | MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FI | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| A P P P P P P P P P P P P P P P P P P P | | | tal) attended the deceased from_ | 7/13 19 85 | | 85 that (I) (we) last |
| 10 per 12 | | saw the deceased alive an above, (1) (we) (did) (did na | 1) view the body after death. | , and that in (my) (our) opinion o | death accurred on the date and hour | and from the causes stated |
| the house had been to be be been to be been | | 22b SIGNATURE | O. | DEGREE 4-1 Intern ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/13/85 |
| HA HA SE | 7 | 27d. PHYSICIAN'S NAME (TYPE O | RPRINT | 22e ADDRESS | | |
| A housed | 1 | Eileen | Ebert | 6605 Bonn | ue Ridge DE # 201 | Brut. Md. |
| BP | 23a | BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | 23b. DATE 23c N | JAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 | TUNERAL DIRECTOR NAME Anaton | ADDRESS | Balto., Md. JUL 2 | 4 1985 GISTAN SELECTION OF THE PROPERTY OF THE | ynsifandstes |
| (() | | | 7 20020 1 | dico., Ma. | U | |



| | STATE OF MARYLAND |
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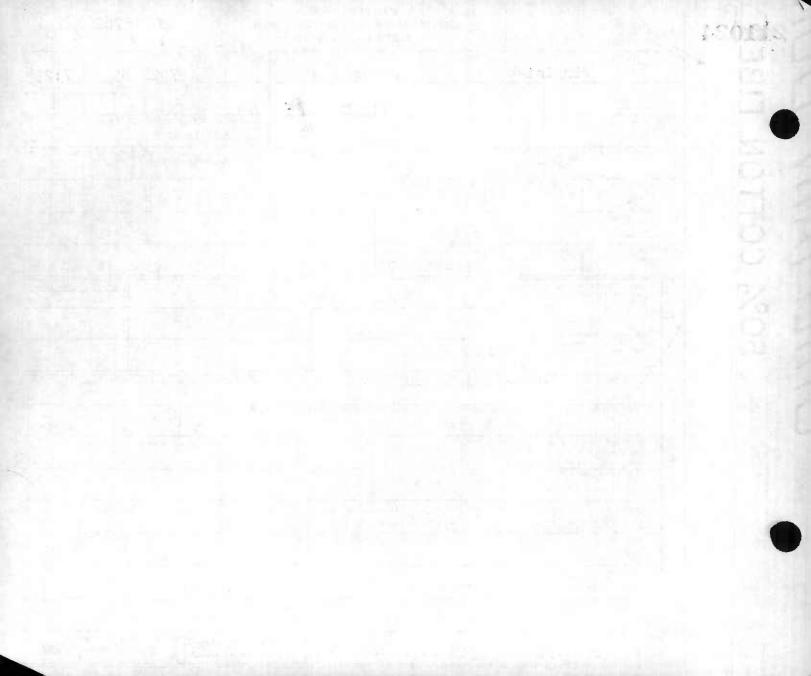
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| 211024 | 1. | FOR. STATE REGISTRAR | DEPAR | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE REG. NO | E0216762 2 | 3 |
|---|-----------|---|---|---|--|--|----------------------------|
| W | | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26 | HOUR |
| 2 20 | / | Virgi | nia | Jackson | | 7 24 85 | 7:29 % |
| 2 2 18 | 3 SE | X | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRT | | UNDER 24 HRS |
| | | F | N | 11 27 05 | 79 | YRS | MIN. |
| A 77 hours | 7a B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY USA | | Baltimore CITY OF | | MD. |
| # 77 | | Baltimore | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STREE AGNES | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | USINESS OR |
| 15 mg 25 | 3a. 3 | AL RESIDENCE (IF NURSING FOME OF STATE Md. | ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 136 CITY OR TOY Catons | WN 113d INSIDE CITY LIMITS? | 13e.STREET ADDRESS WIN | ters Lan : | 21229 |
| 1 22000 | 1/ | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | ME | LAST | |
| 11000 | | Glasco | Register | Lizzie | WINDLE | (ASI | |
| 1 11 17 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | URITY NO. 17 INFORMANT | ADDRE | | |
| 100 | | O (IF TES GI | 216-22 | -4372 Dorothy Ba | arnes 30 | O Grantley | Ave |
| physics physics n.popen mesol | | | nly ane cause per line for 101, 161, a ED 8Y: TE CAUSE (a) | die arent | + | APPROXIMAT BETWEEN ONSE | E INTERVAL ET AND DEATH |
| re that the deal paid by the atter paleous remarks y, or other traum | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEOL | JENCE OF DEATH BUT NOT RELATED TO THE TERM | VINAL DISEASE OR COND | DITION GIVEN IN PART 110 | |
| has been ago parents They pare only roles | THICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20a AUTOPSY? | 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES I | |
| SCIAN TO SPACE | CALICERT | 2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. | | 19 | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART OR PART 2) | |
| NG PHY other than the burner the | MED | 21d. INJURY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | FARM, ETC.) 211 LOCATION STREET | CITY OR TOV | VN COUNTY | STATE |
| CTOR A CTOR A d for one of Head | | saw the deceased alive an abave, (I) (we) (did) (did no | tal) attended the deceased from 6-17 19 It) view the body after death. | ond that in (my) (our) opinion | deoth accurred an the da | te and hour and from the cou | |
| EAL DISE | | 276 SIGNATURE | 3 | | MEDICAL STAF | FIAND 7-25 | NED |
| no HOSFI remed by thould be with the 5 | | l, | Williams | The ADDRESS Agin | es Hos | P. | |
| BP | I | BURIAL, CREMATION, REMOVAL BUrial | | Arbutus Mem. Pk. | | , Md. COUNTY | STATE |
| DHMH - 16 60M 7/84 | 24. FI | UNERAL DIRECTOR | / JADDRESS | 250. 041 | E REC'D BY REGISTRAR | SE REGISTRAR'S SIGNATURE | |

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm C March F/H

1101 E. North Ave.



| | 1 | | SI | ATE OF MARYLAND | | |
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| 040000 | 1. | FOR STATE | | F HEALTH AND MENTAL HYO | (3) 12° | 19424 |
| 212052 | | REGISTRAR | MIDDLE | LAST | REG. NO | |
| a 6.4 | | CEASED NAME FIRST OR PRINT) | MIDDLE | LASI | Zo. DATE OF DEATH | |
| by be deoth | | 1.)1661 | | ICKSON | | 7 20 85 4.28 |
| ge 4 moy ector. po | 3. SE | male | | TE OF BIRTH | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS. |
| Pour Pour | | PTHPLACE (STATE OR FOREIGN, 76 | CITIZEN OF WHAT COUNTRY? | RIED NEVER MARRIED | 9. BALTIMORE CITY OF | COUNTY OF DEATH |
| deoth. | 1 | 17/10, mc. | | WED DIVORCED | | MORE CITY ME |
| offer of the f | 10.C | OIT OR TOWN OF DEATH | NAME OF HOSPITAL, NURSING HOM | NE OR OTHER INSTITUTION | 12a USUAL OCCUPATION | |
| ours be fill | USU | AL RESIDENCE (IF NURSING HOME OR OT | | | | 1 11717 |
| The seed of the | 11 | STATE 126 COUNTY | 13c. SPORTOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | PILLO HILLAN |
| sho sho | 14. F/ | ATHER'S NAME | DATE | 15 MOTHER'S MAIDEN NA | IME | accid ////// |
| 1 | | George " | PIE DIVEN | Est LT | Z MIDDLE | Care |
| 3 10 | 160. | VAS DECEASED EXPR IN U.S. ARME | ED FORCES? 166 SOCIAL SECURITY N | D. 17 INFORMANT | ADDRE | SS //217 |
| 1 1 1/ | | YES, NO OR WAKNOWING (IF YES, GIVE W | VAR OR DATES) 119 25 1/E | 01/m 5.10-1 | 1. 1. | 20. 20. 111:112 |
| 1 12 1 | - | // // | 71/04-0 | MILLIANTIAS | HCKSON 2 | 3200100101711117 |
| physicia npoper movol. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I | one couse per line for (a), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| g pl | | IMMEDIATE | CAUSE (a) ANOXIC | ENCEPHALD | PATHY | mothety |
| cork or | | | DUE TO, OR AS A CONSEQUENCE O | | | and 12 day |
| ove | | Conditions, if any, which | (b) CARDIOI | ULMONARY | ARREST | and 12 can |
| rem remo | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE C | F | | |
| d by ease al, c | | underlying couse lost | (CARDIAC | ARRHYTHI | MIA | |
| buri buri | _ | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONE | OITION GIVEN IN PART 110 |
| The The | ō | | PULMONARY | EM BOLUS | | |
| ony ony | CERTIFICATION | 198 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERA | TION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| te hos sit pe shaws | 十貫 | | | | YES NO | YES NO |
| SOIW | 1 1 | 21a. ACCIDENT WAS UNDERLYING | 116. TIME OF INJURY HOUR A.M. MONTH DAY YE | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2) |
| s certific buriol-tri Mentol br | 1× | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | | 9 | | |
| Mer III | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOV | VN COUNTY STATE |
| the the ond wed | - X | WHILE NOT WHILE I | (AT HOME STREET FACTORY, OFFICE FARM ETC | STREET | CITY OR TOV | VN COUNTY STATE |
| Aft olth mor | | 22a I certify that (this hospital |) attended the deceased from | 6-9 19.85 | - 10 7 · 2 i | 0 19 8.55, that (II (we) lost |
| OR. OR. | | | | | | te and hour and from the couses stated |
| RECTOR red for u | | sow the deceosed olive on obove, (I) (we) (did) (did not) v | view the body ofter deoth. | DEGREE | | 22c DATE SIGNED |
| 9 000 = | | 10. SIGNATURE | | ATTENDING | MEDICAL STAF | |
| ERAL Stote | | Tou | shina P. Therman | PHYSICIAN [| DIRECTOR PHYSIC | IAN X 1.20.85 |
| to FUNERAL should be determined by the Stote with the Stote | | 224. PHYSICIAN'S NAME (TYPE OR PI | RINT) | 22e. ADDRESS | | |
| Should with the | | KRISH | INA P. KUMAR | | | |
| F # 3 3 | 23a I | BURIAL, CREMATION, REMOVAL | | F CEMETERY OR CREMATORY | 23d LOGATION | 1 |
| BP | 1 | During | 1-24-85 MI | 1100 CE | Wer WANSON | wire Co. mil |
| | 24. F | UNERAL DIRECTOR | 7 | 25a DA | TE REC'D. BY REGISTRAR | A REGISTRAR'S SIGNATURE |
| MH - 16 50M 4/83 (VRA 15, 4) | 1 | NAME OF 1.11 | 8,65 h 5 5008555 /11. | 60 ThAnd JU | JL 29 1985 | " a Dougdson Randall " |



STATE OF MARYLAND

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| | FOR STATE REGISTRAR | DEPARTM | ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | YGIENE SREG. NO. | 9 4 2 5 |
|---|---|---|--|--|--|
| | T DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | 08 85 26 HOUR 2 |
| | . Mary | Theresa Jacobs | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| 1 | Female | Cauc. | 8/3/03 | 81 YRS | |
| 2 | Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED E NEVER MARRIED | BALTIMORE CITY OR COUNT | Y OF DEATH |
| 2 | Baltimore OCITY OR TOWN OF DEATH | USA 11. NAME OF HOSPITAL, NURSING | | 120 USUAL OCCUPATION | T2b. KIND OF BUSINESS OR |
| 1 | Baltimore | Mercy Hospit | Agra gar | Housewife | LIFE) INDUSTRY |
| , | IJSUAL RESIDENCE (IF NURSING HOME CO | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | |)F |
| þ | Md. | Balto. | YES NO | 1715 Ramble | wood Rd. 2123 |
| 5 | Patrick Nert | MIDDLE LAST | 15 MOTHER'S MAIDEN FIRST Elizabet | WIDDLE | LAST |
| | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SECUR | | ADDRESS | A STORY IN COLUMN |
| į | (YES, NO OR UNKNOWN) (IF YES G | 217-03- | -3897 Guy T. J | acobs, Jr.5138 | Terrace Dr. 6 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI | NCE OF + Se | MINAL DISEASE OR CONDITION G | IVEN IN PART TIO |
| 1 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH C | OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\sqrt{NO} \) |
| ? | OR CONTRIBUTION CALLES OF DE | | Y YEAR 19 | URRED (ENTER MATURE OF INJURY IN ITEM 18 | |
| | THE THINKS HOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FAI | RM EIC) ZII LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | sow the deceased alive a | or view the body ofter death. July Le Mills OR PRINT | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | | DATESIGNED |
| | DANA S. | SIMPLER | MERC | 4 HOSPITAL | |
| | 23a BURTAL, CREMATION, REMOVA | L 23b DATE 23c. NA | AME OF CEMETERY OR CREMATOR | 23d. LOCATION | COUNTY STATE |
| | Buria1 | 7/12/85 D= | Wood Comoto | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 shows any

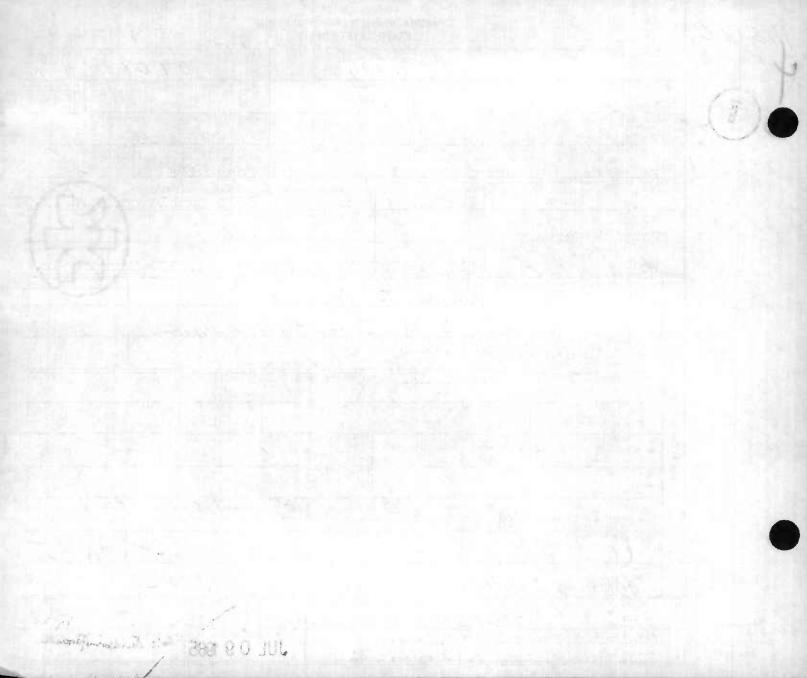
> Burial | 7/12/85 | Pa 3331 Brehms Lane, Balto., Md.

21213

wood Cemetery Balto., Md.

256. DATE REC'D. BY REGISTRAR 1256. PEGISTRAR'S SIGNAL PRE

21213 JUL 09 1985



rol director, F

any injury, ar ather traumatic event, th

should be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygierepriar ta burial, cremation, ar removal

IMPORTANT: If them 21 is marked at them 18 sho

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING retained by the haspital or att

STATE OF MARYLAND

| 1 | 1- | FOR STATE REGISTRAR | * | | DEPAR | | EALTH AND MENTA | | REG. N | 0. | 9 4 | Lan | 1 | |
|---|-----------------|--|--|--|---|-------------------|------------------------------------|-------------|--|---------------------------|--------------------------|--------|-----------|----------|
| | | CEASED NAME OR PRINT) | FIRST | | HODIE | | AST | 20. | ATE OF DEATH | MONTH | DAY YEA | 1.0 | HOU | R |
| | | | ilbur | | J | ames | | | | 7 8 | | 5 | | M |
| | 3. SEX | Male | | A. RACE Blac | k | 5. DATE O | | | AGE (IN YEARS LAST BIE | YRS | MONTHS DA | | OURS | MIN. |
|) | | RTHPLACE (STATE OF VOLVE) | FOREIGN | 76. CITIZEN OF V | WHAT COUNTR' | MARRIED WIDOWE | NEVER MARRIE | DXX | Balti Balti | | | | | MD |
| | В | TY OR TOWN OF DE Balto. | | 371 | P Towa! | nda Av | R OTHER INSTITUTION | | . USUAL OCCUPAT PE OF WORK FOR MOST (| | 12b. KIN INDUST | D OF B | USINE | SS OR |
| | USU A 13a. S | AL RESIDENCE (# NUR TATE Md. | 13b COUN | | GIVE RESIDENCE BEFF 136. CITY OR TO Balto | WN | 13d. INSIDE CITY LIM YES 🔣 NO [| | STREET ADDRESS 3719 TO | / ZIP CODI wanda | a Ave | | 21 | 215 |
| | | oseph | | MIDDLE | James | | 15. MOTHER'S MAID ELIZE | | WIDDLE | | inson | | | |
| | 16e W | VAS DECEASED EVEI ES. NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 166 SOCIAL SE | CURITY NO. 8-2675 | 17. INFORMANT Gloria | a A. | Flemmin | ^{ESS} Asł g F | Rt. 3 | | | |
| | z | Canditions, if any gave rise to in cause (a), stati underlying caus | y, which imediate ang the e last. | b) DUE TO, OR (c) | AS A CONSEC | LUN DUENCE OF | A Can | E TERMINA | L DISEASE OR CON | IDITION GIV | /EN IN PAR | ont. | ths | |
|) | CERTIFICATION | 190 DATE OF OPERA | ATION | 196 CONDI | TION FOR WHIC | CH OPERATION | N WAS PERFORMED | | YES NO | IN CERTI | S, WERE FIN FYING CAU | SES OF | | H? |
| | MEDICAL CER | 22a I certify that (I saw the deceo above, (I) (we). 22b. SIGNATURE | CAUSE OF DEAD CALE EXAMINER RRED ORK () (this hospi sed alive an (did) (did no | APRINT) HOUR A.P. 21e PLACE ((AT HOME. STRI 1) view the lady | M. MONTH M. DF INJURY EET, FACTORY, OFFICE deceased from | E, FARM, ETC) | 216 HOW INJURY C | pinion deat | CITY OF TO | late and has | COUNTY | , tho | ot (l) (v | ve) lost |
| | | Duan | | moo | ML |) | 1223. | (sn | eer 27 | - 5 | 9/10, | M | 0/5 | 120 |
| | E1 | URIAL, CREMATION | , REMOVAL | | | | EMETERY OR CREMA | TORY | 23d. LOCATION CITY OR TOWN | | COUNTY | | ST | TATE |
| | - | urial | | 7/10/ | 85 | kosela | wn Cem. | So DATE DE | Glen Z | | | a. | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

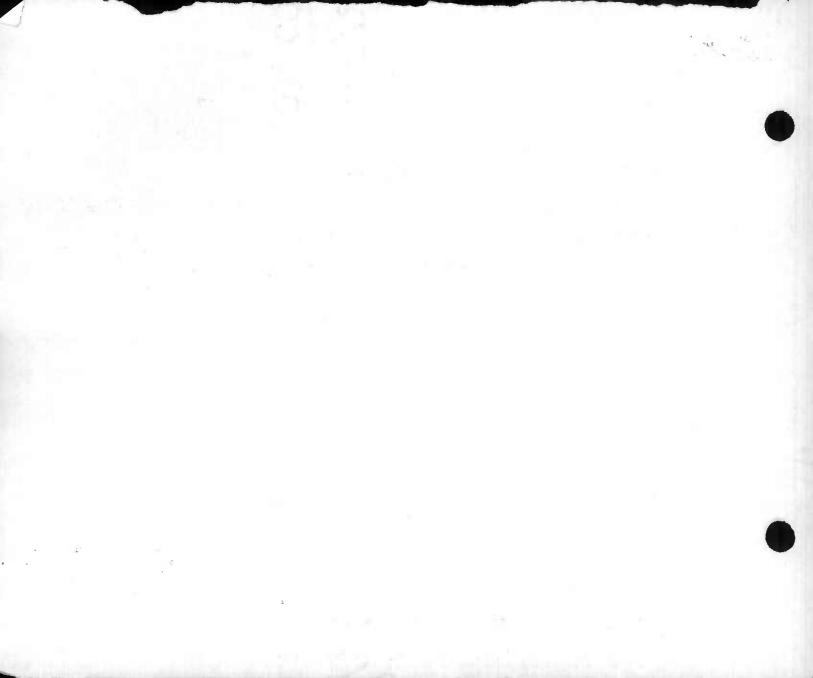
BP

C March F/H, Wm

Inc.

1101 E. North Ave.JUL 09

i murasori Mandalle



| 203253 | 1 - STATE REGISTRAR |
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| | |

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGISTRAR | | | CERTIF | CALE OF DEATH | REG. N | 10.1 | 60 Go | |
|---|---------------|---|---|----------------------|----------------|------------------------------|--|---|--------------|----------------------------------|
| • | | | RST | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| | (TAPE | CHARLE | ES | | JANIS | SZEWSKI | 1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 07 15 | 85 | 8 40 Pu |
| | 3. SEX | | 1. RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BE | RTHDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| | ./ | MALE | WHITE | | NONTH 08 | | 82 | YRS. | INTHS DAYS | HOURS MIN. |
| 1 | 7a. BII | RTHPLACE (STATE OR FOREN | GN 76. CITIZEN OF | WHAT COUNTR | Y? 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | FDEATH | - |
|) | 1 | ARYLAND . | USF | d | WIDOWE | | BALTIMOR | E ('IT) | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NUR | | OR OTHER INSTITUTION | 126 USUAL OCCUPAT | | 12b. KIND O | OF BUSINESS OR |
| | Ľ | ALTIMORE" | FRANCE | S SCOTT | KPY I | MAD CENTER | Battery R | | | . Steel |
| 1 | | AL RESIDENCE (IF NURSING | | | | | | | | |
| 5 | 130 3 | IN N | BALTIMORE | 13c-CITY OR TO | al k | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 2517 LIRER | 1 / /1 2 / | 2/2 | 22 |
| 2 | 14. FA | THER'S NAME | UNICIPIONS | 10000 | 1-6 | 15. MOTHER'S MAIDEN N | | 11100 | 04 04 | ~~ |
| 8 | / | Martin | WIDDIE | Janisz | overlei | Manazzana | MIDDLE | | Czajko | it otropled |
| 7 | 16 0 30 | VAS DECEASED EVER IN U | IS APARD FORCES? | 166 SOCIAL SE | | Maryanne | ADDR | | Czajko | JWSKI |
| 2 | (Y | ES, NO OR UNKNOWN) (IF | YES, GIVE WAR OR DATES) | | -5159 | | | | 7. | |
| | No | | | اه دالم | 2/2/ | Sophie Jan: | LSZEWSKI | Same | as 13 | |
| | 90 | 18 CAUSE OF DEATH IE PART I. DEATH WAS | CALISED BY. | | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | IMA | MEDIATE CAUSE (a) | RESPIRAT | ORY FA | LULE | | -115 | 1 01 | AY |
| | | | DUE TO: O | R AS A CONSEC | DUENCE OF | | | | | |
| | | Conditions, if any, wh | | | | PULMONARY E | DEMA | | 1 W | EEK |
| | | gave rise to immedi | ote | R AS A CONSEC | | | | | | |
| | | underlying cause li | | | | EMORRHAGE | | | 1 W | EEK |
| | 100 | PART 2 OTHER SIGNIFIC | | | | | RMINAL DISEASE OR CON | DITION GIVEN | IN PART III | 0. |
| | 8 | DEEP VENOUS | | | | FIGULLATION | | | | |
| 1 | CERTIFICATION | 190. DATE OF OPERATION | | | | N WAS PERFORMED | 20s. AUTOPSY? | | WERE FINDIN | |
| 7 | FIC | | | | | | YES T NOT | IN CERTIFYII | NG CAUSES | OF DEATH? |
| - | ERT | 71a. ACCIDENT WAS UNDERLY | ING TO 216. TIME O | FINJURY | | 121c HOW IN JURY OCCI | JRRED (ENTER NATURE OF INJE | | | 140 |
| 1 | 100000 | OR CONTRIBUTING CAUS | E OF DEATH HOUR A. | M. MONTH | | | (Elliparinions of all | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED | 21e, PLACE | | 19 | 211 LOCATION | | | | |
| | MEE | WHILE NOT WHILE | CAT HOME STE | REET, FACTORY, OFFIC | E, FARM, ETC) | STREET | CITY OR TO | OWN | COUNTY | STATE |
| | | AT WORK AT WORK | | | - | | | | | |
| | | 220.1 certify that (1) (this | | e deceosed from | n 7-0 | | 10 7 - () | . 19 | 15 | that (1) (we) last |
| | | saw the deceased a abave ((1) (we) (did | live on 7 - 15 (did nat) view the body | after death | - 85 , ar | nd that in (my) (our) opinio | on death accurred an the d | ate and havr a | ind from the | causes stated |
| | | 226 SIGNATURE | 7 -11 | 0 11 | 2 | DEGREE | | | 221. DATE | SIGNED |
| | | Harold S | - Keller | 4/4 | 0 | ATTENDING PHYSICIAN | MEDICAL STA | CIAN | 7/0 | 5/85 |
| 1 | | 22d. PHYSICIAN'S NAME | TYPE OR PRINTS | U | | 22e ADDRESS | 1/ 4/ | | ^ | 1 |
| | | HAROLD J | . FULLER, | JK. | | FRANCIS JC | OTT KEY ME | DICAL (| LENTE | _ |
| | | BURIAL, CREMATION, REM | AOVAL 236. DATE | 23 | . NAME OF C | EMETERY OR CREMATOR | 23d LOCATION | | COUNTY | STATE |
| | Bu | rial | 7/18/ | 1985 | St. St | anislaus | Baltimor | | | Maryland |
| | 24. FL | NERAL DIRECTOR DUC | da-Ruck, In | c. | 13.13 | 250 D | ATE REC'D. BY REGISTRA | | | |
| | | | | | | | | | | |

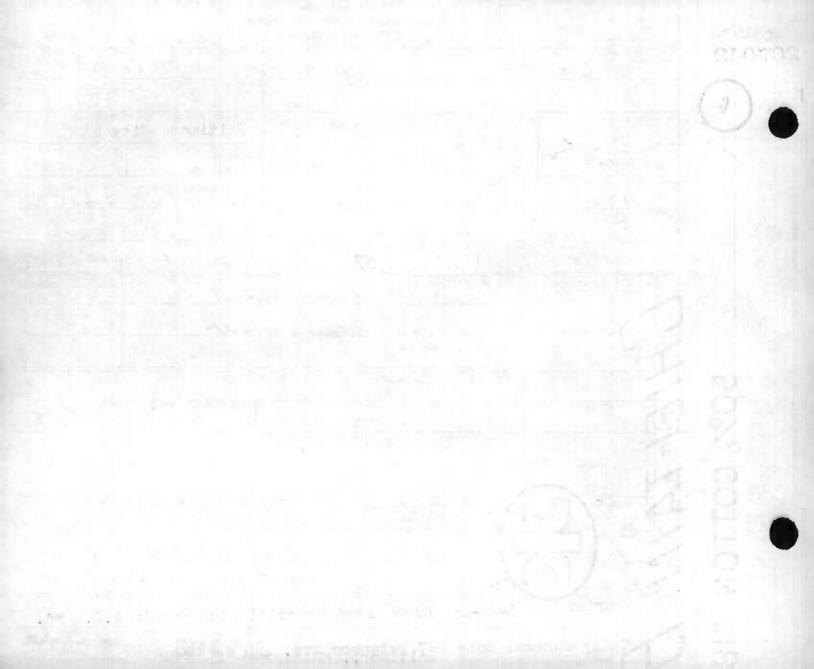
DHMH - 16 50M 4/83 (VRA 15, 4)

7922 Wise Avenue

Dundalk, Maryland 21222

JUL 1 8 1985

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME YEAR 2b HOUR (TYPE OR PRINT) LORETTA TANYSKA 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 26 To. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City U.S WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE BACTIMORG BACTIMORE GENERAL HOSP NONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b, COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTIMOR NOF 4015 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SOUTH BACTIONER APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY PULHONAK IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which BREARST (b) METASTATIC gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS the sh SOUTH BACTIMORE GENERAL HOSP. 3 + 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Glen Haven Memoria Glen Burnie A.A. BP. 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR SIGNATUR DHMH - 16 50M 4/83 McCully Funeral Home 237, Pa (VRA 15, 4)



| COLUMN TO THE PARTY OF THE PART | | | | STATE OF MARYLAND | | |
|--|---------------|--|---|--|--|--|
| 04 4007 | 1. | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HY | GIENE | 3 1 |
| 214007 | | REGISTRAR | | CERTIFICATE OF DEATH | 8 3 REG. NO. | 1 4 3 |
| | | EASED NAME FIRST | Joseph, MIDDLE Benedi | let 'AST Jarboe, Jr. | | DAY YEAR 26 HOUR |
| poge 3 | LIAME | ORPRINT) JOSEPH | | uboe | July 28 19 | 8c 7:30 % |
| you go | 3. SE 2 | | 4. RACE | 5. DATE OF BIRTH | | IF UNDER TYEAR IF UNDER 24 HRS |
| ctor. | | OMO | White | May 6,1906 | 79 | MONTHS DAYS HOURS MIN. |
| Pag dire | 70. BI | Male RTHPLACE (STATE OR FOREIGN | hite 76 CITIZEN OF WHAT COUNTRY? | 8 2 | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 4 25 20 P | | OUNIRY) | U.SA | MARRIED NEVER MARRIED | | |
| 8 5 6 | 10 C | Maryland TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL NUIDSIN | WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION | Baltimore Ci | 12b. KIND OF BUSINESS OR |
| 1 7 60 | 6 | 11. | (IF NOT IN SUCH FAGILITY, GIVE STREET | ADDRES D | (TYPE OF WORK FOR MOST OF WORKING LIFE | E) INDUSTRY |
| 6 / 0 | D. | TIMOTE, MD | Diras Hospila | 10 - vallinure | Teacher and Ma: | iht. Manager |
| 1 724 | | TATE 134 COU | ROTHER INSTITUTION GIVE RESIDENCE BEFOR | | 13e STREET ADDRESS / ZIP CODE | 21666 |
| (10 X | | nd, | Q.A. Soterensu' | | lier hel , Love | - Point |
| 17/0 | 14. FA | THER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | AME MIDDLE | LAST |
| 8 6 / 1 / 0 | | Joseph B. Jarbo | oe, Sr. | | Sevena Yienger | **** |
| d con | | AS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SECU | JRITY NO. 17 INFORMANT | ADDRESS Ste | vensville, MD |
| Poges medic | | ES, NO O ONKNOWNO | 216-03 | -553 George E. Ja | | 49C 21666 |
| te b | | IN CAUSE OF DEATH (Enter or | nly ane cause per line far (a), (b), ar | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| g physic anpope emaval event, t | | PART I. DEATH WAS CAUSE | D BY: | edineraly Arres | + | at the constitution of the |
| | | IMMEDIA | | 7 11 | | |
| e death a patendin nave cork nation, ar troumatic | | Conditions if you blat | DUE TO, OR ASA CONSEQU | tatic Prostate (on | | |
| e de offer mave | | Canditions, if any, which gave rise to immediate | (b) /11C(0) | TATIE BIOSIAI - Com | | |
| hat the by the ase ren I, crem ather t | | couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| ed b pleas mal, | | | (c) | | | |
| equires n signe Then p r to bur | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVI | EN IN PART Tra |
| | CERTIFICATION | Hanle, | Kenny tailure | | I I V V | WERE ENTRA LOCALIST |
| no. no. permit. | { 5 | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| The Lician. | 1 | | | | | S NO |
| Z S O O T OO | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216, TIME OF INJURY HOUR A.M. MONTH D | AY YEAR 216 HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM TB PA | ART (OR PART 2) |
| rySICIAN: ding physics is certifical burial-tran Mental Hy pr Hem 18 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 7111 | 19 | | |
| PHY: | E E | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) | 211 LOCATION STREET | CITY OF TOWN | COUNTY STATE |
| | ~ | AT WORK NOT WHILE | | 1 | 11000 | |
| 7 - ~ ~ ~ ~ ~ | | 220 I certify they (I) Whis hosp | ital) attended the deceased from. | July 12 19 80 | . to July at 8 | 19_85_, that (1) (we) lost |
| R ATTER haspitol RECTOR hed for u | | saw the deceased alive an | ot) view the body after death. | , and that in (my) (aur) opinion | death accurred on the date and hour | and from the causes stated |
| 0 t 0 0 0 0 | | 226 SIGNATURE | 1 | DEGREE | | 72L DATE SIGNED |
| 75 750 - | | 1/ Tobal | in O | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 765/85 |
| HOSPITAL FUNERAL sold be det th the Stote | | 224. PHYSICIAN'S NAME HAVE | OR PRINT) | 22e ADDRESS | DIRECTOR THIS CLAIM | 1/100/00 |
| TO HOSI | | Mathan I | Tetal ma | 7000 Man | hetten As & It | Sauce and soul |
| TO HOSPITA retoined by TO FUNERA should be de with the Stot | 220 0 | URIAL, CREMATION, REMOVAL | 23b DATE 23c | NAME OF CEMETERY OR CREMATORY | 123d LOCATION | MADIN |
| | 130. | SPECIFY) | 1 10 | | CITY OR TOWN | COUNTY STATE |
| BP | 74 EI | Burial INERAL DIRECTOR | 01/20/02 8 | t. Peter's Cemeter | y Queenstown TE REC'D. BY REGISTRAR 256. REGISTR | DAD'S SICNIATURE |
| DHMH - 16 50M 4/83 | | NAME | Home ADDRESS | | | |
| (VRA 15, 4) | TO | n Helfenbein Fu | meral, Chester, | MD 21619 | 013 1 1880 June | Caridon-Hardalls |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

second strain in the second se DECEMBER OF THE PROPERTY OF THE PARTY OF THE

LIVERT & GOOWHIJ 1021 58 15 TE 78 7 25 06 BLACK BUAM AND THE STATE OF T A 2.0 Y TO SUIDMINAR BALTIMORE MOUNTE DE LLO CENTERL AVA STUCK Coltinuit 1 Foundation 180 E Brickwort's JUNIOUS SUTHERINA DISTANCE OF STREET CUA JA 185-14-15 STATE AND A STATE OF THE STATE OF THE STATE OF 01 COMPLETE HE ART STOCKE IMMEDIATE O SE LEVILLE 28 OF YOUT IS SHOWN 53/12/1 (March 200) H-Marmelleuro Centell an other sund semosta 1055 UN 30 - 331AM Later Add to the Contract Grant Thomas Aller Contract

| 6132 | FOR STATE REGISTRAR | | | DEPARTM | NENT OF H | OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH | SIENE SREG. NO | 1 9 | 4 | 3 3 |
|--|--|---|---------------------------------|--|-------------|--|---|-------------------------------|------------|------------------------------------|
| 25 | DECEASED NAME | FIRST | MAY | OT A | ENKINS | NST | 20. DATE OF DEATH | MONTH DAY | YEAR 85 | 26 HOUR |
| 20 | 1 SEX | | ACE | 01111 01 | S. DATE O | F BIRTH | 6. AGE (IN YEARS LAST BIRT | | DER I YEAR | IF UNDER 24 HRS |
| 500 | Pemale | | White | | MONTH | 29 1912 | 73 | YRS. | HS DAYS | HOURS MIN |
| 100 200 | OUNTRY) | R FOREIGN 76 | | VHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OF | | DEATH | |
| ~~~ | Maryland | 1 | U.S.A | | WIDOWE | DI DIVORCED | Baltimore | | | M |
| IA TO | Baltimore | | St. AC | nes Hosp | ital | R OTHER INSTITUTION | 170 USUAL OCCUPATION OF WORK FOR MOST OF Salesperso | WORKING LIFE) | NDUSTRY | Store |
| 18 | USUAL RESIDENCE IF NO 130 STATE Maryland | Baltir | | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Woodlawn | N | 13d. INSIDE CITY LIMITS? | 6203 Johnn | zip code ycake Ro | oad | 21207 |
| AST AST | Charles | MIDE | | Engleman | | 15. MOTHER'S MAIDEN NA Ruth | WE | Mot | schma | st an |
| Programme and tra | NO OR UNKNOWN) | (IF YES, GIVE WA | | 220-38-7 | | Jerome Jenki | ADDRE ns 6203 Joh | | Road | 1 21207 |
| physics emoval event, th | PART I, DEATH | TH (Enter only o WAS CAUSED B IMMEDIATE C | Υ. | Cardio. | | catay and | it | | TP. | onset and death |
| by the attending size remove carboil, it, cremation, or a cother trainmatic. | Canditians, if an gove rise to in cause (a), stat underlying cous | nmediate ing the | (b) | AS A CONSEQUE AS A CONSEQUE Milia | | mois + Bre | at Conce | 24 | j | 2 200 |
| Then plant to book a njury, o | PART 2 OTHER SIG | GNIFICANT CON | IDITIONS <u>CO</u> | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CONI | DITION GIVEN I | N PART I | 10 |
| Per pio | 190 DATE OF OPER | ATION | 196 CONDII | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | | |
| entitions introduced the second throat secon | 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEI | CAUSE OF DEATH | 21b. TIME OF HOUR A.A P.A | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I | OR PART 2) | |
| ter this cand Me but and Me | 21d. INJURY OCCU | WHILE [| 21e. PLACE C | OF INJURY BET, FACTORY, OFFICE, FA | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| CTOR At for use of Health | 220.1 certify that (saw the decea | (did)(did not) vi | / | A | 85, an | d that in (my) (aur) apinian | ta | ite and hour and | from the | that (l) we) lost causes stated |
| the ha | 226. SIGNATURE | lem C. | 1 | - 11 | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAP | F DO | 220 DATE | SIGNED |

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY July 24, 1985 Loudon Park Cemetery 234 LOCATION
Baltimore

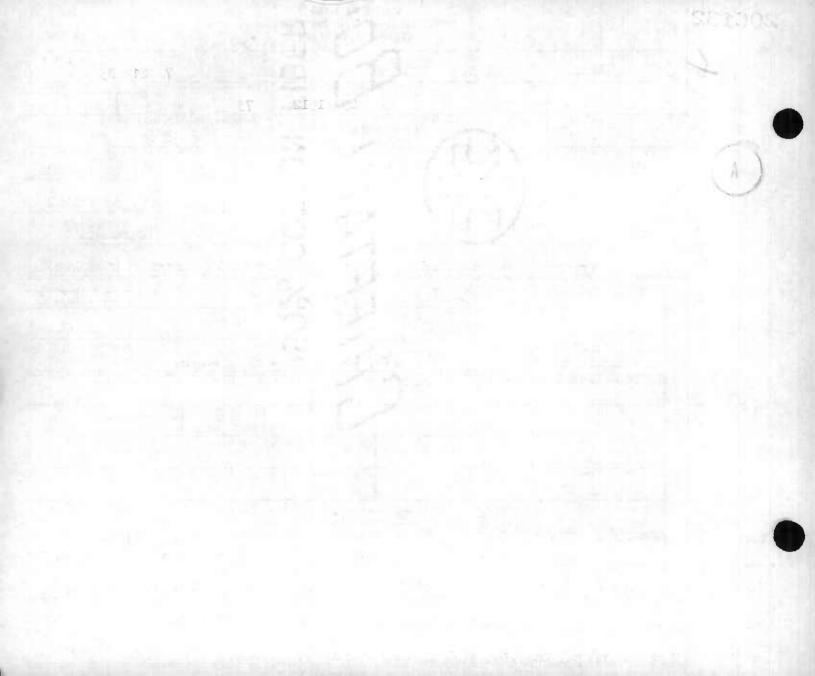
MaryTand

24 FUNERAL DIRECTOR

21229 Hubbard Funeral Home, Inc 4107 Wilkens Avenue

MO

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE a Varidson-Randall



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 210071 REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-**JETER** COYET 4. RACE IF UNDER 24 HRS DATE PRONOUNCED BLACK MALE .1899 11:47 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CAROLINA U. S. A. Baltimore City CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS Johns Hopkins Hospital STEEL WORK Baltimore AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MS6 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3 600 ORCHARD WEIRTON N/A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME JERRY JETER MARY 17. INFORMANT HARDY 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) NO ANDREW J. JETER 3600 ORCHARD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Taumatic aortic aneurysm DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE DEPARTMENT OF HE 201 PRIOR TO BURIAL, YES X NO [71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) passenger in an auto/auto collision CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY Broadway&Orleans Stsown Balto., Maryland WHILE NOT WHILE X Autopsy V 22a I certify that I taak charge of the remains described above, held an and in my apinian Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 7-22-85 Assistant MEDICAL EXAMINER SIGNATURE Gregory R. Kauffman, M.D. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 7/25/85 PARIS CEMETARY BURIAL PARIS. 24 FUNERAL DIRECTOR BY REGISTRAR 1756 REGISTRAR'S SIGNATURE **DHMH - 17** SON 4600 LIB. HGHT. AVE (VR A15 ME (5))

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206005

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ì | - | REGISTRAR | | CERTIF | ICATE OF DEATH | R 5 REG. | NO. 1 9 | day | 3 9 |
|-----|---------------|--|--|-----------------------------|--|--|--------------------------|-----------------|----------------------------|
| 1 | | EASED NAME FIRST OR PRINT) | MIDDLE | 70111 | AST | 20. DATE OF DEATH | MONTH D | | 26. HOUR |
| i | | ANN | | E JOHN | | | 7 3 | 85 | AM |
| 1 | 3. SEX | | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST | | ONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| | F | remale | White | Sep | t 13°,1913° | 71 | YRS. | | |
| | | THPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT C | OUNTRY? 8. | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| 2 | | Maryland | U.S.A. | WIDOWE | | BALTIMORE | CITY | | MD. |
| , | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, | L, NURSING HOME C | OR OTHER INSTITUTION | 12a. USUAL OCCUPA (TYPE OF WORK FOR MOSE HOUSEWIT | TION TOF WORKING LIFE | 126. KIND (| OF BUSINESS OR |
| 4 | | ALTIMORE | | ORIAL HOSP | ITAL | Housewill | | | |
| 5 | 13a S | RESIDENCE (IF NURSING HOME C TATE 136 COU Maryland | | Y OR TOWN LIMOLE | 134 INSIDE CITY LIMITS | 13e.STREET_ADDRES | Youre | Rd | 21214 |
| 6 | 14 FA | THER'S NAME ROY | WPOLE B. | ivens | 15. MOTHER'S MAIDEN F18rend | | | Kerr'^ | ST |
| | | AS DECEASED EVER IN U.S. A | | CIAL SECURITY NO. | 17 INFORMANT | | RESS | 17.00 | |
| | {Y | ES, MOR UNKNOWN) (IF YES, G | IVE WAR OR DATES) 21 | 3-05-8705 | Mr Wilbu | r T Bivens 8 | 016 Sho | re Rd | 21219 |
| ı | | 18 CAUSE OF DEATH (Enter of | alu ana saura par lina for i | in) the and ici t | | | | APPRO | ONSET AND DEATH |
| | | PART I. DEATH WAS CAUS | ED BY: | PIRATORY | ARREST /CA | RDIOPHLMONA | MY CALL | | ONSET AND DEATH |
| | | IMMEDIA | ATE CAUSE (b) | TICH TOTAL | MICE ST /CA | TO TO TOLEN ENT | 1-1-000 | 77.32 | |
| | | | DUE TO, OR AS A C | recurrent | - CVA' | | | 9 50 | |
| J | | Conditions, if any, which gove rise to immediate | (b) | uculten! | C-1773 | | | | |
| | | couse (01, stoting the underlying couse last | DUE TO, OR AS A C | ONSEQUENCE OF | | | | | |
| | | | (c) | | | | | 1 | |
| | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBU | ITING TO DEATH BUT | NOT RELATED TO THE TE | ERMINAL DISEASE OR CO | NDITION GIVE | N IN PART 1 | a |
| | CERTIFICATION | | Tim compilation of | OR LUMBOUR ORER AND | A LUCA C PERFORMEN | Tan AUTORCY? | Ton IF VEC | MEDE EN IDA | 100 11050 |
| 2 | 2 | 19a DATE OF OPERATION | 196 CONDITION FO | OR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTIFY | WERE FINDI | OF DEATH? |
| -04 | E | | | | | YES NOTE | YES | 0 | NO 🗆 |
| 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | | 21¢ HOW INJURY OCC | URRED (ENTER NATURE OF IN | JURY IN ITEM TO PA | RT T OR PART 2) | |
| | SAL | (IF EITHER, NOTIFY MEDICAL EXAMIN | | 19 | | | | - DE M | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJU | | 211. LOCATION STREET | CITY OR | TOWN | COUNTY | STATE |
| | > | AT WORK AT WORK | TAT TOME, STREET, TACTO | ort, office facility, etc.) | 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | | 22a. certify that (I) (this has | oital) attended the deceas | sed from JULY | 4 19 8 | 5 10 July | 5 | 9.85 | that (I) (we) last |
| | | sow the deceased alive a above, (1) (we) (did) (did n | n 7 % AM | 19, or | nd that in (my) (our) apini | ion death occurred on the | date and hour | and from the | couses stated |
| | | 226. SIGNATURE | 1 a | | DEGREE | | 150235 | 22c DATE | SIGNED |
| | | Robert 14 | . Brown | ND. | ATTENDING PHYSICIAN | MEDICAL ST | AFF SICIAN FA | 7/5 | 1/85 |
| _ | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e. ADDRESS | | - | | 1 |
| | | 0 1 | 222.1.1 | | | | | | |
| | 1 | KOBERT H. | BROWN | MD. | LINION ME | MERIAN HACO | 701 5 | mind | PVUH |
| | 23a B | KOBERT H. | | | UNION ME | MERIAL HOSP. 1234 LOCATION | 701 E | .univ. | PKWY. |

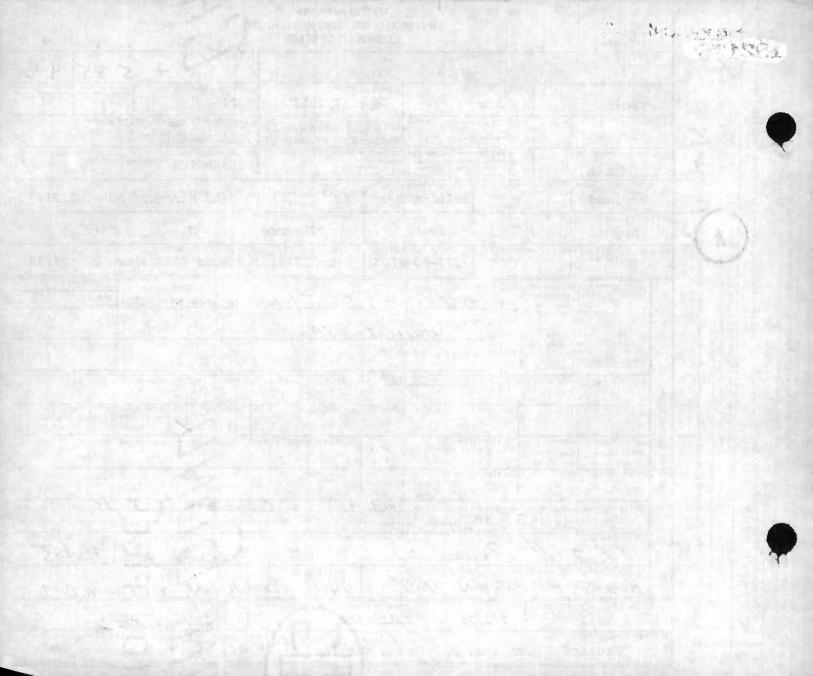
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: H

24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 0 8 1985



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 218025 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE LAST 2b. HOUR FIRST (TYPE OR PRINT) AUGUSTA M. TOHNSON 3. SE X 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS 909 Jo. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND WIDOWED DIVORCED [BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KESTAURANT BALTIMORE OWNER UNION MEORIAL HOSPITIAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
137 CITY OR TOWN 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3019 SALTO YES X CAKCREST NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME INNEGAN LARA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO W INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO ORLINKNOWN) oknow- 3019 Oakcrest Co APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: ARREST ARDIAC IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF SYSTEM FAILURE MULTI-ORGAN Canditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ADENOCARCINOMA OF COLON NOF YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET CITY OF LOWN NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 30 saw the deceased alive an. and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME ATT CHRISTI 22e. ADDRESS William A. Jiranek Union Momorial 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ITY OR TOWN STATE BALTO BURIAL PARKWOOD 256 RECISIDAD CAR UVERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

ESCRIS The second secon PORT DE SET SHALLINM RESTRICTED CONTRA SOLS OWNERED AND SIESA EAUTO X 0.00 MARTINIT PINEH ASSED 218-03-3832 4 Villa Colour - 2019 Coloured Con The state of the second of the BEEFE 8 -3-85 FARRIVOCO COM BOILTO NO OM BURNES LOW LAW TONT - 1200 MINER

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| PAKI | MENT | 10 | HEAL | UH | ANU | WENT | ALI | |
|------|------|-----|------|-----|-----|------|-----|--|
| | CE | RTI | FIC | ATE | OF | DEAT | H | |

| 1- | STATE REGISTRAR | | | | CERTII | FICATE OF | DEATH | 8 5 | REG. NO. | 1 4 | 9 4 | 3 / |
|-------------|--|----------------|--|-----------------------------------|-----------------|--------------|--|--|-----------------|-------------|------------------------------|-----------------------------------|
| | EASED NAME | FIRST | | MIDDLE | John | LAST | | June | 2, 1 | | DAY YEAR | 26 HOUR 3:45A M |
| 3.5E) | Female | | 4 RACE | ack | 5. DATE O | | 1902 | 6 AGE (IN YE | ARS LAST BIRTHD | | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| N. | Carolir | na | U. S | WHAT COUNTRY | MARRIE | ED 🗍 | R MARRIED DIVORCED | 9 BALTIMOR | timor | | | MD. |
| Ba | TY OR TOWN OF | | Maryl | HOSPITAL, NURSI | TARPESS H | ospita | STITUTION R1 | 120 USUAL O (TYPE OF WORK Ret. B | FOR MOST OF W | ORKING LIFE | | OWNER OWNER |
| 13a S | aryland | NURSING HOME I | OR OTHER INSTITUTION UNITY | 13c CITY OR TOV Baltin | WN | 13d. INSIDE | CITY LIMITS? | Baltim | ore, N | IP CODE | 2431 Moland 2: | Culloh 1217 |
| 14 FA | THER'S NAME FIRST George | 2 | MIDDLE | Spend | e | | R'S MAIDEN NA FIRST Fannie | AME | WIDDIE | | Bat | tley |
| | VAS DECEASED E ES, NO OR UNKNOWN NO. | | RMED FORCES? GIVE WAR OR DATES) | 16b SOCIAL SEC | | 17 INFORM | | ohnson | | | ulloh S | Street land 2121 |
| | 18 CAUSE OF DE PART I. DEAT | | only one couse per SED BY: ATE CAUSE (0) | line for 101, (b), o Abdomi na | 1 Anei | | | | | | | IMATE INTERVAL ONSET AND DEATH |
| | Conditions, if | | XXXXXX (| the duod | XXXXF enum a | and ma | ssive g | astroin | testin | a1 | 7 | #Law (|
| | couse 101, st underlying co | toting the | XXXXXX | XXXXXXXX bleeding | XXXXX | | | 146 | | | 7.9. | |
| NO | PART 2 OTHER S | SIGNIFICANT | CONDITIONS CO | INTRIBUTING TO | DEATH BUT | NOT RELATE | D TO THE TERM | MINAL DISEASE | OR CONDIT | ION GIVE | EN IN PART 110 | , |
| RTIFICATION | June 2, | | | r Gastr | | | Samuel Philips | 200 AUTOF | | NCERTIFY | , WERE FINDIN YING CAUSES | GS USED OF DEATH? |
| 14.1 | 91- ACCIDENT WAS | THE PERIOD ! | 1 1011 TIME O | E INTLUDY | | 103. 1103111 | A I II I I I I I I I I I I I I I I I I | | | | | |

(IC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER

(AT HOME STREET, FACTORY OFFICE, FARM ETC.) 220.1 certify tho (1) (this hospital) attended the deceased from sow the deceased alive as 19

MONTH

DAY

YEAR

211. LOCATION STREET

CITY OR TOWN COUNTY

and that in ((our) opinion death occurred on the date and have and from the causes stated

STATE

sow the deceased alive on above, (**(we) (did) (di***)

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

e/o Maryland General Hospital

23a BURIAL, CREMATION, REMOVAL

MEDICAL

23b. DATE Burial 6/8/1985

23c. NAME OF CEMETERY OR CREMATORY Md. National Mem. Pk.

DEGREE

23d LOCATION

Laurel, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

shauld be detached for with the State Dept. at

IMPORTANT: If He

and Mental Hygiene prior to bur as the burial-transit permit.

> 24 Nurthere BORSONS 2501 Gwynns Falls Pkwy. Baltimore, Maryland 21216 Funeral Home, Imc.

HOUR A.M.

P.M

21e PLACE OF INJURY

MAKER

25a DATE REC'D.

REGISTRAR 756 REGISTRAR'S SIGNATURE

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book fortou-Calorined gages

tenet, 55 cumb 2, 55 cumb 2, 55

Note Beautician shop Orner PART ME CUIT CITS

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Indianal Income sanity of

Harded 8/8/2555 M. Meikumi ser. Lc. Imerol, Maryland Nutter & Sons 2501 Geynns Palls Pay. Puneral Home, Inc. Baltimore, Martiana 21216 an

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(VRA 15, 4)

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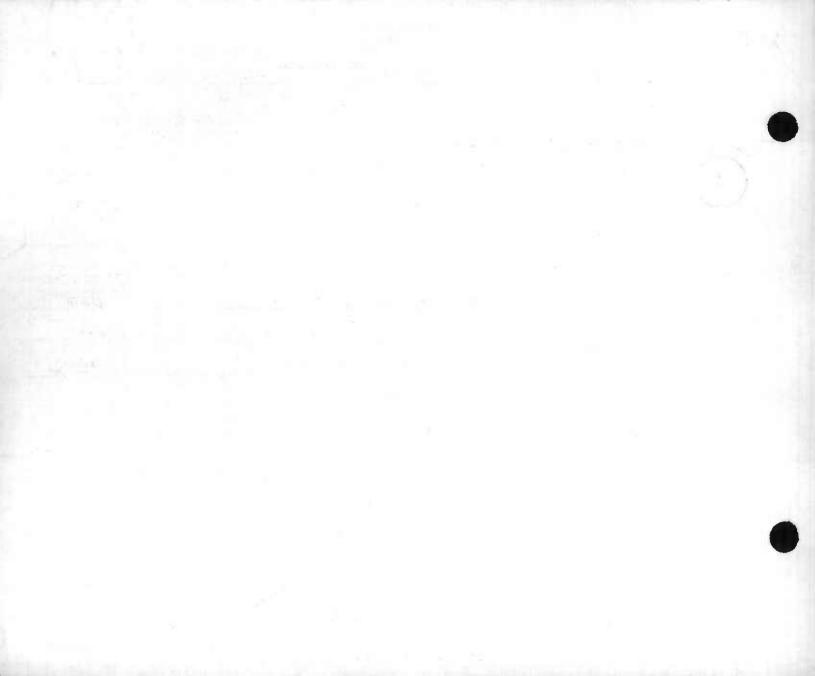
REGISTRAR DECEASED NAME

| DEPARTA | MENT OF H | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE | D. 📲 | 9 | é aj | 3 | 9 |
|------------------------------------|-------------------|---|---|-------------|---------|------------------|----------|------------|
| DLE | 1. | AST . | | MONTH | DAY | YEAR | 26 HC | UR |
| u- | | Johnson Sr. | | July | Ist | 85 | 8. | 33 DM M |
| | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | IF UNDE | DAYS | IF UNDI | ER 24 HRS |
| AT COUNTRY? | MARRIEI WIDOWE | D NEVER MARRIED D DIVORCED | BALTIMORE CITY OF | R COUNTY | OF DE | ATH | | MD. |
| ty of 14 | and a | or other institution and Hospital | 17a USUAL OCCUPATK (1YPE OF WORK FOR MOST OF | | | KIND O DUSTRY | F BUSI | NESS OR |
| VE ANSIDENCE BEFORE BLUTTON TOW | N | 13d. INSIDE CITY LIMITS? YES M NO | 13e.STREET ADDRESS / | ZIP CODI | | ولمم | 2 | 2151 |
| mark | S | 15. MOTHER'S MAIDEN NAME FIRST | MIDDLE | | Rai | ine | | |
| \$ SOCIAL SECU | | Selma John | ADDRE | | e 1 | fla | me | da |
| me for (a), (b), and | | glioma of | brain | | | BETWEEN | MATE INT | ID DEATH |
| AS A CONSEQUE | NCE OF | | | | | | | |
| S A CONSEQUE | NCE OF | | | | | | | |
| ITRIBUTING TO (| DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONI | DITION GIV | VEN IN | PART 16 | a · | |
| ON FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES | | | | ATH? |

TYPE OR PRINTI Howard 3 SEX 4 RACE M B Za BIRTHPLACE 7h CITIZEN OF WI STATE OR FOREIGN COUNTRY 11.5. ms NAME OF HO CITY OR TOWN OF DEATH (IF NOT IN SUCH F Rattimore miversi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF 13e STATE 136 COUNTY MD 4. FATHER'S NAME FIRST MIDDLE Archio 0. MAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATEST 405 18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR Canditions, if any, which (b)___ gave rise to immediate cause (a), stating the DUE TO, OR A underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CO CERTIFICATION 190 DATE OF OPERATION 196 CONDITI 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE July 15e 19 85 85 , that (I) (we) last 220 I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on July, 1st and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF M.D. July, 1st, 85 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAM CHANG 22 S. Greenest, Bultimore, MD, 21201 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL CITY OR TOWN COUNTY STATE Cremation mem. Ba1+0 mo 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Wm. C. March F/H HOI

- 00 10 CA to sent the sent to 740 (C-A) 214 Integral harmon to transcule market AND THE RESIDENCE OF THE PARTY Assert to Among transpolary as Purbit Takes and provided Francisco Com-BURN BUM A THE REPORT OF THE PARTY OF TH Committee of the second of the

| 3 | FOR STATE REGISTRAR | D | STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | 15 | 1 9 4 4 0 |
|------|--|---|---|---|---|
| | DECEASED NAME FIRST | MIDDLE | | 2a. DATE OF DEATH MC | ONTH DAY YEAR 26 HOUR |
| | JULIA | Е | GOVANS Johnson | JULY 20, 198 | |
| 3. | SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHD | |
| | Female | Black | 7/6/1936 YEAR | 49 | MONTHS DAYS HOURS MIN. |
| | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | LINTRY? 8 | 9 BALTIMORE CITY OR O | |
| 55 | Baltimore . Md | U.S.A. | MARRIED NEVER MARRIED | BALTIMORE CI | TY |
| - | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Social Wor | ORKING LIFE) INDUSTRY |
| | SUAL RESIDENCE (# NURSING HOME 13b. COL | | NCE BEFORE ADMISSION) OR TOWN 13d. INSIDE CITY LIMITS | | |
| 50 | Md | | Baltimore YES X NO [| | nd Ave. 21215 |
| , 14 | FATHER'S NAME | MIDDLE | 15 MOTHER'S MAIDEN | NAME | LAS1 |
| 00 | John Govans | MIDDLE . | TIRST | ianna Johnson | |
| / 16 | WAS DECEASED EVER IN U.S. A | ARMED FORCES? 166. SOCI | AL SECURITY NO. 17 INFORMANT | ADDRESS | |
| | 0 | | Horace Nixo | on, 2901 Wood1 | and Ave. 21215 |
| | 18 CAUSE OF DEATH (Enter | anly one cause per line for to | K(b), and ict.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUS | ATE CAUSE (o) Care | Stopulmonary gares | +- | 10 min. |
| | Conditions, if any, which gave rise to immediate | | nation prelymonia | | 10hr |
| | underlying cause last | DUE TO, OR AS A CO | ill bowel obstacetion | | 10 days |
| - 1 | | 1. | ING TO DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDIT | ION GIVEN IN PART 110 |
| 9 | 190. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION WAS PERFORMED | | Ob. IF YES, WERE FINDINGS USED |
| 7 | | | | YES NO | N CERTIFYING CAUSES OF DEATH? YES NO |
| 14/5 | OR CONTRIBUTION C CAUSE OF F | DEATH HOUR A.M. MON | TH DAY YEAR | URRED (ENTER NATURE OF INJURY II | N ITEM 18 PART I OR PART 2) |
| | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY | | CITY OR TOWN | COUNTY STATE |
| - | 22a.1 certify that (I) (this has | 77-10 | | 5 to 9-20 | and hour and from the causes stated |
| | | not view the body after deat | | on acom accorded on the adic | 22c. DATE SIGNED |
| | Janes M | . Cochum | ATTENDING PHYSICIAN | MEDICAL STAFF | |
| 1 | James M | · CONKUM | JOHNS HOPKI | NS HOSPITAL/60 | OO NORTH WOLFE STR |
| 23 | a. BURIAL, CREMATION, REMOVA | AL 23b. DATE | 23c. NAME OF CEMETERY OR CREMATOR | | |
| | (SPECIFY) Cremation | 7/22/85 | West View Mem Park | Baltimore | , Maryland |
| 24 | FUNERAL DIRECTOR | | | ATE REC'D. BY REGISTRAR 251 | REGISTRAR'S SIGNATURE |
| | | - //11 D1- I | leights Ave. 21215 | UL 22 1985 \$4 | he Davidson-Aandelle |



| | | 1 | E/ | np. | | | | DEDART | | | ARYLAN | | HYCIEN | ie. | | | |
|--------------------------------|--|------|---|--|--------------------------------|------------------------------|---|-------------------------------|------------------------------|----------|-------------------------|-------------|-----------|-------------------------------|------------------------|---|----------------|
| 242 | 110 | 1 | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO OF THE PROPERTY | | | | | | | | | | | | | | 1 1 |
| ~ | J. J | | DECI | ASED NAME | FI | RST | | WIDDLE | | | AST | | Ö | 20. ATE KN | | MONTH DAY | YEAR . 2b. HOL |
| | ET, SS. S. ET, | | (TYPE | OR PRINT) | LA | ARRY | D. | JO | HNSON | | | | × 8 | OF E | AATED | 7-22-85 | 97 |
| | RY, PLEA DIRECTO DUR FILL 72 HOU ON STREI | 2.4 | sex [a] | | RACE Blac | 5. D/ | ATE OF BIRTH | 55 | 6. AGE (IN YEA 30 BIRTHDA | MONTH! | DER 1 YR. | IF UNDER | R 24 HRS. | 26. DATE PRONOUNCE DEAD | ÉD | 7-22-85 | YEAR 9 240 |
| 6 | NERAL FOR Y WITHIN | 570 | FOREIGN COUNTRY) Md. | | | | USA **MARRIED NEVER MARRIED DIVORCED Baltimore CITY O | | | | | | | | e City | | |
| | DELAY IS NECESSARY, PLASE 10 THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. NE FILED, WITHIN Z2 HOURS. DS 701 W. PRESTON STREET, | 0 10 | Baltimore | | | | 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12300 SUMCOU FIGHT Street 12300 SUMCOU FIGHT Street Laborer | | | | | | | | | OF WORK 176 KIND OF BUSINESS OR INDUSTRY Self-Endl. | |
| 21201 | DELAND BE FIND | | SUAL a. ST/ | | | OUNTY | R INSTITUTION, GI | 13c. CITY | or town alto. | | 3d. INSIDE (| ITY LIMITS? | 13e. STR | EET ADDRESS | | 2121 | 7 |
| MD | TANKS T | 14 | FAT | FATHER'S NAME | | | MIDDLE LAST | | | | 15 MOTHER'S MAIDEN NAME | | | | | LAST | |
| ORE. | OKA SEE | | | Villi | liam H | | enry | | Johnson | | Estelle | | | | | nson | |
| ALTIMO | AFTER SIVE PA SIVE PA NISION | 16 | a. WA | S DECEASED NO, OR UNKNOW Yes | EVER IN U. | S. ARMED F S. GIVE WAR OF | ORCES? | | 64-02 | | Mary | | ohns | | ADDRÉSS | cCullol | n St. |
| 1 | HOOP IN THE PARTY NAMED IN THE P | | | IB CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which | | | | | | | | | | | BETWE | ROXIMATE INTERVAL EEN ONSET AND DEAT | |
| 8 | NOW AND A | | | | | | | | | | | | | -160 | | | |
| 2 | A STATE OF S | | | gave rise | to imme | diate | (b) | | | | | | | | | | |
| 102 V | | | | lying cause | toting the <u>u</u> e last. | nder- | | ue to, or as a consequence of | | | | | | | | | |
| ORDS, | "PENDING" IN P. F. MEDING" IN P. F. MEDICAL EXA ED AS A BURIAL HEALTH AND MENT. C. | | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. | | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 | CONTROL MED BE CHIEF MED BE USED AS. NIT OF HEALT BURING. | 7 | MEDICAL CERTIFICATION | 19a. DATE OF OPERATION | | | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | 20 AUTOPSY? YES [X] NO | | |
| ONOFV | KAESA5 | 3 | ALCERI | 10 EXTERNAL | X OR | | 716. TIME OF INJURY 9:990AM MONIE 22485EAR Subject stabbed during all tercal | | | | | | | | | | 0 23 110 2 |
| DIVISIO | らばればほの | | MEDIC | THE INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 216 PLACE OF INJURY (AT HOME. 216 LOCATION | | | | | | | | | Baltim | oreyman | rylandstate | | |
| 6 | TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 213 | | | 27a certily that I took charge of the remains described above, held an Autopsy XXX. Inspection , Inquiry , and in my opin death resulted from: Natural muses , Accident , Suicide , Hamicide , Undetermined monner , | | | | | | | | | | | | | |
| | MEDICAL ECUTE THE SE 4 SHO FUNERAL TER DEATH | 2 | 15 | IGNATURE_ | ameGre | gory | R. Kaut | ffman | , M.D. | M. I | | | | treet | ER | DATE 7-22 | -85 |
| 07/84 | Bb | L | e.BUR (SPE | Buri | on, remov | AL 236. DA | | 23c. h | stvie | ETERY OR | CREMATO | | 23d LC | CATION Balto. | | COUNTY |) Latare |
| 25M | DHMH - 17 (VR A15 ME (5)) | 24 | ha. | ieral direct | or Iarri | s FH | 170° sss | McCu | lloh | Stre | et | 250. DATE | REC'D. BY | | 256 REGISTR | PAR'S SIGNATUR | Mandall |

FU. ETEEN TURNSCUBP GOOK) STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 210016 CERTIFICATE OF DEATH REGISTRAR BEG. NO 20 DATE OF DEATH DECEASED NAME DAY 7h HOUR (TYPE OR PRINT) LURELLAH 3 SEX A AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH HOURS YEAR "AUCAS/AN 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE DIVORCED 120 USUAL OCCUPATION 120, KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NONE. OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATEMARyland COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE SHARDAL 14 FATHER'S NAME DANIES 15 MOTHER'S MAIDEN NAME MIDDIE Arthur IAST SWEET Cosamout 17 INFORMAN DOMNIET) 1-486-4123 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 6732 BONNIE Bidge Drive-Apt. 102 (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Mrs. Arleve J. Kirk Baltimore, Maryland 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARREST CARDIORESPIRATORY IMMEDIATE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF RENAL MUNITH Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last SEVER= UREMIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO X YES [NO [ntal Hygi 710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIF FITHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY ā CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fram saw the deceased alive an Old Ho abave (I) we) (did) did not view the body after death and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto DIRECTOR PHYSICIAN MPORTANT: 12e ADDRESS NGUYEN WYMAN 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE BUTIAL July 19, 1985 Arlington National CEMETER Arlington, Virginia 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE TOSEPH William Foster So W. Breadury & Williams St. DHMH - 16 60M 7/B4 BE Art, MARyland 21014 mulrolly Inter (VRA 15, 4)

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| 9 | 1. | FOR STATE REGISTRAR | | | DE | PARTM | ENT OF H | E OF MAR EALTH AN | D MENTAL HYG | GIENE | - | | | | 45 | 7 |
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| 11 | 1. DE | CEASED NAME | FIRST | ٨ | VIDDLE | | | AST | | 20. DA | REG. | NO. | DAY | YEAR | 26 HOI | UR |
| | (TYPE | OR PRINT) | MARIE | 1 | | .)(| OHNS | SON | | .)ı | ily 18 | 198 | 35 | | 140 | AA |
| | 3 SE | | | RACE | 3 - 5 | | 5. DATE C | OF BIRTH | | | IN YEARS LAST | | IF UND | ERTYEAR | | R 24 HRS |
| | | Female | 70.00 | Whit | te | | Oct | 27. | 1942 | | 42 | YF | MONTHS | DAYS | HOURS | MIN. |
| 50 | 70. BI | RTHPLACE (STATE OR F | OREIGN 7b | CITIZEN OF | | NTRY? | 8 | | R MARRIED | 9 BAL | TIMORE CITY | | | EATH | | |
| 9 | | MD | | | SA | | WIDOWE | D 🗆 | DIVORCED [| B | altimo | re (| City | | | MD. |
| | 10 CI | TY OR TOWN OF DEA | TH 11 | . NAME OF H | | | | OR OTHER I | NSTITUTION | | SUAL OCCUPA | | | KIND O | F BUSIN | ESS OR |
| X.,,,, | | 3altimore | | 404 W | /insto | n A | wenu | ie | | H | Homem | aker | | Ow | n H | lome |
| à/ | 13a S | AL RESIDENCE (IF NURSI STATE | 136 COUNTY | HER INSTITUTION | | R TOWN | | 13d INSID | E CITY LIMITS? | | REET ADDRES | | | | 121 | 2 |
| 7 | 14 FA | THER'S NAME | Constant of the last | | | | | | ER'S MAIDEN NA | | | 00011 | 7 100 | | | |
| 36 |) | Patrick | | DOTE | Guth | rie | | 1/200 | Rut | h | MIDDLE | | Mal | en | | |
| 1 | | VAS DECEASED EVER | | | 166 SOCIA | L SECUP | RITY NO. | 17 INFOR | MANT | | ADD | RESS | 7 | | | |
| 1 | | No. | (IF TES, GIVE W | AR OR DATES | 214 | 40 8 | 3212 | Edv | ard M. | Jo | hnson. | | Sam | APPROXI BETWEEN | 34. | |
| | NC | Conditions, if any, gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN | nediate g the last | DUE TO, OF | R AS A CON | NSEQUE | NCE OF | NOT RELA | | AIN AL DI | SEASE OR CO | NOITION | GIVEN IN | PARI 110 | | |
| 2 | CERTIFICATION | 19a. DATE OF OPERAT | ION | 196 CONDI | TION FOR V | WHICH (| OPERATIO | N WAS PER | RFORMED | 20a YES | AUTOPSY? | IN CE | YES, WER | | | TH? |
| 9 | | 21a. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEATH | 21b. TIME OF HOUR A./ | M. MONT | TH DA | Y YEAR | 21c HOW | INJURY OCCUR | | | | | PART 2) | | |
| / | MEDICAL | 21d, INJURY OCCURR WHILE NOT WH AT WORK AT WOR | | 21e. PLACE ((AT HOME STR | OF INJURY | OFFICE FA | RM, ETC.) | 211 LOCA ST | ATION REET | | CITY OR | 10WN | CC | VINUC | Here's | STATE |
| | | 220.1 certify that (1) saw the decease above, (1) (we) (d | ed alive on | | | | , 01 | | my) (our) opinion | | | dote and | hour and t | rom the | couses st | |
| | 1 | 22b. SIGNATURE | 0 Cl | lare |) | | 12 | DECREE | ATTENDING PHYSICIAN [| MED DIREC | ICAL ST | AFF ICIAN | 2 | 7/ | 19/ | 8.5 |
| 1 | | Dr. Paul | | | D | | | John | ns Hopk | | | tal, | Balto | 0., | MD | |
| | | BURIAL, CREMATION, | REMOVAL | | | | | | R CREMATORY | | LOCATION CITY OR TOWN | | LOUP | 114 | | STATE |
| | | Burial | \ \ | 7/22, | | | | Ridg | | | Pikes | | | CICNIAT | WE |) |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

4905 York Road Balto., MD 21212

JUL 2 2 1985

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On. Field Calums, Yell (South Magain Liberate in Ealth., Milling and American Calumbra (South Magain Liberate Calumbra (South Magain Calumbra) (South Magain Calumbra) (South Magain Calumbra (South Magain Calumbra) (South Magain Calumbra) (South Magain Calumbra) (South Magain Calumbra)

1. DECEASED NAME CIYPE OR PRI 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR LISTATE OF FOREIGN IS CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWEDS DIVORCED. alricas TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION USUAL RESIDENCE : # MUSING HOME OF OF 1136 COUNTY CITY OF IQWN 134 INSIDE CITY LIMITS? 2111/11/12 YES T NO. IL FATHER'S NAME Websi 1457 ₩фрц 17. INFORMANT 16s WAS DECEASED EVER IN U.S. ARMED FORCEST 14h SOCIAL SECURITY NO I OF TES ONE WAS DEDATED (HES NO OF WHICHMI) III. CAUSE OF DEATH Enter only one course per line. it, (b), and it PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF Conditions if ony, which gove rise to immediate couse in, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART THE IFICATION IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Min. AUTOPSYT NO CERT 71h ACCIDENT WAS UNDERLYING. 216 TIME OF INJURY HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. OF EITHER HOTIFF HEDICAL EXAMINER: 19 TIL LOCATION 71# INJURY OCCURRED 71e PLACE OF INJURY CAT HEAVE STREET PACTORS OFFICE TARM ETC.) 27s I certify that It (this hospital) attended to saw the deceased alive on this wet our opinion death accurred on the date DEGREE ATTENDING. PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS 230 BURIAL, CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE

7/16

1101 E. North

FOR

REGISTRAR

Burial

24 FUNERAL DIRECTOR

Wm C March F/H

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

204137

STATE OF MARYLAND

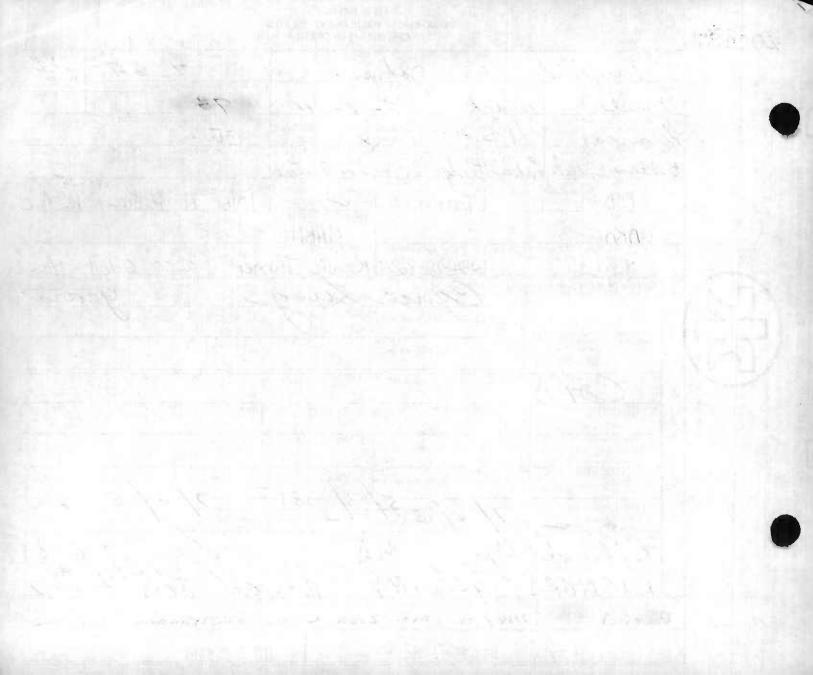
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a. DATE OF DEATH

BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / 5857 ADDRESS. 10s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES: NOF THE HOW INJURY OCCURRED. LEWIS NATURE OF HAME IN MAKE HART FOR PART TO COUnity CITY OF TOWN STATE topic and from the courses shated Th. DATE SIGNED 23d LOCATION Zion Cem-Baltimore mo 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in Davidson-Randoll

UNDER 24 HRS



| 219118 | 1 | FOR STATE REGISTRAR | . DEPARTM | STÁTE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE 8 RE NO 1 | 9 4 4 5 |
|--|---------------|---|--|--|--|---|
| | | DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH DAY | Y YEAR 26 HOUR |
| may be page 3 er death | 1" | Richa | rd | Johnson | 6 14 | 85 11:58 |
| moy. | 3 | | RACE | 5. DATE OF BIRTH | | UNDER I YEAR IF UNDER 24 HRS |
| Page 4 ma director, p hours offer e. | | Male | Black | 3 11 25 | 60 YRS | NTHS DAYS HOURS MIN. |
| Poge if direct hours of | 70 | BIRTHPLACE (STATE OF FOREIGN 71 | CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY O | FDEATH |
| Jeath. | 18 | outh Carolina | U.S.A. | WIDOWED DIVORCED | Baltimore Ci | ty |
| hours ofter death. J in by the funeral be filed within 72 h | 10 | | NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Union Memori | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OF INDUSTRY |
| 24 fill 24 | 13 | UAL RESIDENCE IF NURSING HOME OR O 1. STATE 13b COUNT (arvland | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 502 Oakland Av | e, 21212 |
| ompletely and 2 sh | 14. | FATHER'S NAME FIRST MI | IDDLE LAST | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | LAST |
| e execut | 160 | WAS DECEASED EVER IN U.S. ARM | WAR OR DATEST | | ADDRESS | |
| Poor S. Poor | | No | 247/12/9 | 797 Rosalee Wid | deman 2556 Lomb | ard Street |
| g physicic on paper remaval. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | CHAI | EBROVASCULAR ACC | CIDENT (CV) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| tendin e carb on, or | | | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| that the dec d by the atte lease remave tall, cremation ar other trour | | Conditians, if any, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| gne bur bur | 7 | PART 2 OTHER SIGNIFICANT CO | | EATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN | IN PART 110 |
| req for ty inj | - I | ASPIRATION 190 DATE OF OPERATION | PNEUMONIA | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, V | WERE FINDINGS USED |
| The law icron. te has be armingtene pri | CERTIFICATION | | | | | NG CAUSES OF DEATH? |
| SICIAN: The physical certificate viol-transit entol Hygin them 18 sha | | | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. | Y YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) |
| ING PHYS | MEDICAL | 21d INJURY OCCURRED WHILE OF WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA | RM, ETC) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDIP Spiral or CTOR: A story use of Healt | | | 1) attended the deceased from 6/14 19 | | to 6/14 19 death occurred on the date and hour a | 85 , that X (we) los |
| TAL OR, y the holy the holy the hole detached tote Dept tote Dept NT: If then | | The SIGNATURE fly d. | Ool | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/14/85 |
| TO HOSPITA retained by TO FUNERAL should be de with the State MAPORTANT | | Jeffrey! | D. Cool Y | | orial Hospital | |
| | 230 | BURIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | QUNTY STATE |
| BP | | Burial | 6/20/85 Moi | unt Zion Cemete: | ry Lansdowne, | Md. |

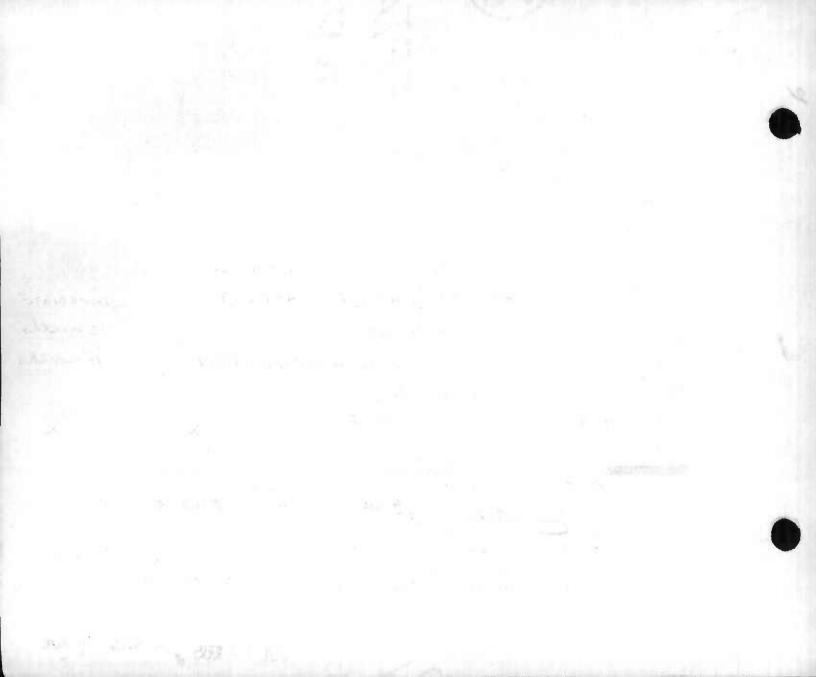
William C. March F/H 11001 E. North Ave.

24 FUNERAL DIRECTOR

(VRA 15, 4) DIID

DHMH - 16 60M 7/84

| | 1 | FOR | | | DEPARTM | ENT OF H | EALTH AND | MENTAL HYG | IENE | | | |
|--|-----------------------|----------------------------|--|-------------------------|--------------------|------------------|-------------------------|--|--------------------------|---------------------------|--------------------|---------------|
| 203336 | 1- | STATE REGISTRAR | | M | EDICAL E | XAMINE | R'S CERTI | FICATE OF D | EATH | REG. No. | 1 11 6 | 6 |
| 70000 | | CEASED NAM | AE FIRST | | MIDDLE | | LAST | | 20. DATE KNO | | DAY YEAR | R 2b, HOU |
| W ~ | 1 | E OR PRINT) | Doode | 1 | 7.7 | | 910. mg | | OF ES DEATH MA | TED X 7 | 0 10 0 | - 1 |
| NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WEES NO STREET. | 3 SE | (| Rudo 14 RACE | S DATE OF BIRT | V. | AGE (IN YEARS | Johns I IF UNDER 1 Y | | | MONTH | 8 19 8! DAY YEA | |
| P P P ST | 1 | 1 | D1 -1 | MONTH DAY | | LAST BIRTHDAY) | | | PRONOUNCED | _ | 0 0 | 9.04 |
| N Y DOLLAR | | ale | Black | 2 18 | 24 | 61 YRS. | | | | CITY OR COLL | 9 19 85 | 5 / |
| SE S | FC | DREIGN COUNTRY) | | | | | | NEVER MARRIED | | CITY OR COUN | | |
| SAN | | | arolina | | U.S.A. | | WIDOWED X | DIVORCED | | more Cit | | M |
| SERES. | | ITY OR TOWN | | | FACILITY, GIVE STR | EET ADDRESS) | | ITUTION 120 | USUAL OCCUPATION | JN (TYPE OF WORK LIFE) | OR INDU | |
| 100 mm | | altimo | | | atervie | | | | | | | 1000 |
| 4 23 2985 Z | | AL RESIDENCE | (IF IN NURSING HOME O | | GIVE RESIDENCE BI | | | DE CITY LIMITS? 13e | STREET ADDRESS | | | |
| (# STROKE) | M | aryland | | | Balt | imore | YES [| | 1013 N. | Payson | St.2121 | 7 |
| THE STATE OF | 14. F. | ATHER'S NAM | E | MIDDLE | | ST | 15. MO | THER'S MAIDEN N | AME | | LAST | |
| # K56 5200 | | | niel | | Johnson | | | REbeco | | | ill | |
| D 00000 | | WAS DECEASE | ED EVER IN U.S. AR | MED FORCES? | | AL SECURITY | 10. 17. INF | ORMANT | | DDRESS | | |
| ANTH ANTH | | es, no, or unkni nknown | DWN) (IF YES, GIVE | WAR OR DATES} | | | Ch | arlie Joh | nson 1013 | N. Pay | son Str | eet |
| BALT BE GIVE WITH PAG DIVISION | | 18. CAUSE C | OF DEATH (Enter an | ily ane cause per li | ne far (a), (b), | and (c).) | | | | | APPROXIM | ATE INTERVAL |
| M N N N N N N N N N N N N N N N N N N N | | PARTID | EATH WAS CAUSE | D BY: TE CAUSE (a) (| Chronic | alcoh | olism | | | | BEIWEEN ON | ISET AND DEAT |
| 0 4 E E E E E E E E E E E E E E E E E E | | | IMMEDIA | ir chose (a) | R AS A CONS | | | | | | 0 1 1 | - 1 |
| ER A LHSTA | | | ons, if any, which | | | | | | | | 3 1 | |
| ED WITH PENCIL AMINE 1 TRAIN VENTAL | | | rise to immediate a) stating the under- | | OR AS A CONS | EQUENCE OF | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM ROED TO THE CHIEF MEDICAL EXAMINER AGONG 25 3 SHOULD BE USED AS A BURIAL TRANSIT PENNI PEDEARRANGHY OF HEALTH AND MENTAL HYGHEN. 101 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | lying co | use last. | (c) | | r dorner or | | | | | 200 | |
| EXECUTE NG" IN CAL EXA BURIAL AND M WATION, | | PART 2 OTHER S | SIGNIFICANT CONDITIONS | 1 1 1 | TH BUT NOT RELATE | D TD THE TERMINA | L DISEASE OR COND | ITIDN GIVEN IN PART 1 | 2 | | | |
| HOULD BE EXECUTER RD "PENDING" IN F HIEF MEDICAL EXA HIEF MEDICAL EXA USED AS A BURIAL OF HEALTH AND MI RIAL, CREMATION, | Z | | | | | | | The state of the s | | | | |
| - A A A A A A A A A A A A A A A A A A A | MEDICAL CERTIFICATION | 190. DATE OF | FOPERATION | 196. CONE | OITION FOR W | HICH OPERAT | ION WAS PERF | ORMED? | | | 20 AUTOP | SY? |
| AITAL RISHOULD SROWING CHIEF A EUSED TOF HE URIAL, URIAL, | H | 2.3 | | | | | | | | | YES [| NO I |
| OF VI ME WOOD THE WENT TO BE | E | 21a EXTERN. | AL CAUSE WAS | | OF INJURY | | 21c HOW INJU | URY OCCURRED (E | NTER NATURE OF INJURY IN | NITEM 18 PART I OR F | | 1 140 136 |
| CERTIFICATE SH TITING THE WOR DED TO THE CA E 3 SHOULD BE PRIOR TO BUR | 14 | UNDERLYING | G OR ING CAUSE OF I | | M. MONTH I | | | | | | | |
| SHO TO TO THE SHOP TH | 음 | 21d INJURY | OCCURRED | | M. E OF INJURY | 19 (AT HOME, | 211 LOCATION | | | | | |
| DIV THIS CE WARDE WARDE PAGE 3 | N N | WHILE AT WORK | NOT WHILE | STREET, FA | ACTORY, FARM, ETC | .) | STREET | | CITY OR TOWN | C | OUNTY | STATE |
| DIVIS DER: THIS CER ATE, WRITIN COWARDED OR: PAGE 35 HE STATE DER ND, 21201 PR | | ATWORK | AT WORK | | | | | | | | | |
| SE S | | 22a. I cert | ify that I taak charg | ge of the remains d | escribed above | e, held an | Autopsy | Inspection X | X Inquiry | , and in my o | pinian | |
| WHE STATE | | death result | ted fram: Natur | ral causes LX. | Accident (| , Suice | de 🔲 , Ho | omicide . U | ndetermined manner | <u></u> , | | |
| AA WERE | | ACTUAL | | The | | | TITU | E (SPECIFY) | | 0.194 | | |
| ZHUZHW | | SIGNATURE | | 1/1 | / | | MD ASS | sistant | MEDICAL EXAMINER | DATE | ED 7/9/ | 85 |
| NOIN SEE | | EXAMINER'S | NAME | | | | | | | | | |
| TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 | | (TYPE OR PRI | INT) | Gregory I | | | | | nn St. B | alto.MD. | | |
| 202749 | 23a.B | URIAL, CREMA | ATION, REMOVAL 2 | | | | TERY OR CREM | | d. LOCATION | co | UNTY | STATE |
| 07/84 BP | | BURIAL | | 7/13/85 | Mic | ount Zi | on Ceme | | Lansdowne | | Mid | • |
| 25M DHMH - 17 | | NAME | | ADDRE | SS | | | | D. BY REGISTRAR 25 | B REGISTRAR'S | SIGNATURE | 00 |
| (VR A15 ME (5)) | Wit | C Mar | ch F/H, I | nc. 1101 | E Nort | ch Aven | ue | JUL 1 | 2 1985 | -www.ids | on-Aandel | - |



BALTO., MD.

ANATOMY BOARD

STATE OF MARYLAND

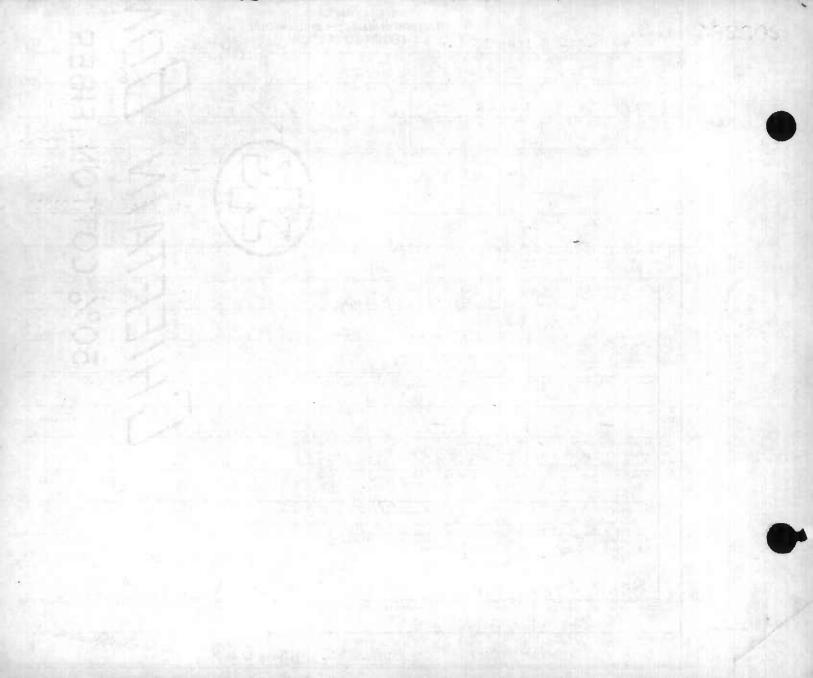
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(VRA 15, 4)

FOR

- STATE

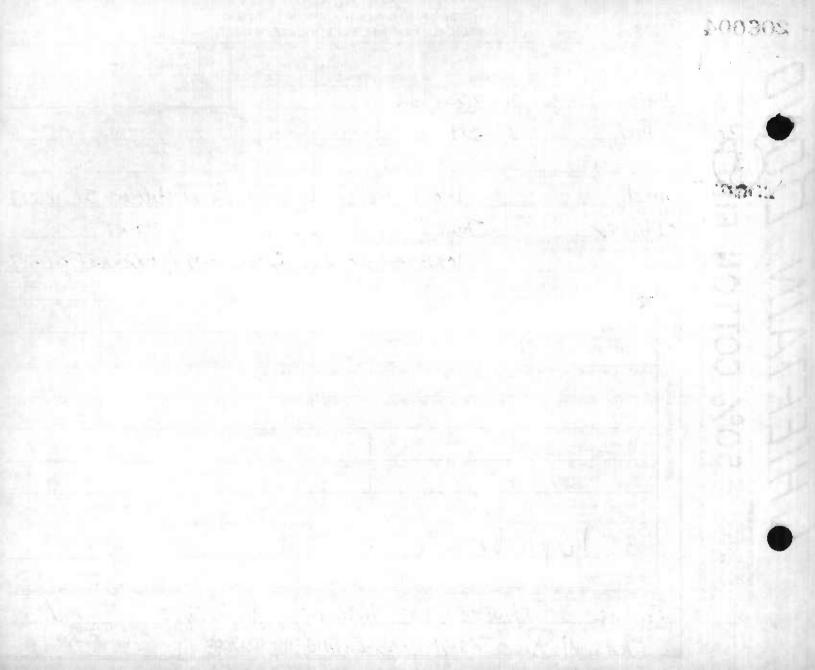
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| 20004 | 10 | | FOR | | | DEPART | MENT OF | HEALTH | I AND M | ENTAL HY | YGIENE | | | 9 | 0 | A | 13 |
|--|---------------|---------------|------------------|----------------------------------|--------------------------|---------------|-----------------|--------------|---------------|-----------------|-----------|-------------|---------------|----------|--|-------------|-------------|
| 20604 | to | | REGISTRAR | | ME | DICAL | EXAMIN | VER'S | ERTIFIC | CATE OF | FDEAT | CH | REG. N | | 7 4 | 4 | 7 |
| 11) | | | EASED NAME | FIRST | | WIDDIE | | | LAST | | | | | | | 45.40 | To more |
| 10 | | | OR PRINT) | | | Millott | | | 1001 | | 20 | OF | KNOWN ESTI- | X) MO | ONTH DAT | YEAR | 26 HOUR |
| NECESSARY, PLEASE UNREAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS | E I | | | Ange] | la | L. | | | Jones | | | | MATED | | 7-20 | 19 85 | M |
| PLEAS CTOR FILES | IS IS | 3. SEX | | RACE | 5. DATE OF BIRTH | | 6 AGE (IN Y | EARS IF UN | | IF UNDER 2 | 4 HRS. 20 | DATE | | | NTH DA | | 2d HOUR |
| F. R. R. F. | S | | | | MONTH DAY | YEAR | LAST BIRTHI | DAY) MONT | HS DAYS | HOURS | MIN. PE | NONOUN | | | 7 20 | OF | 12.10 |
| ESSARY FRAL DII THIN 72 | ó | FF | male | Black | 7 25 | 63 | | RS. | | | | DEAD | | | 7-20 | 19 85 | a. M |
| A SS A I | 3/1 | 7a. BII | REIGN COUNTRY | ATE OR | 76. CITIZEN OF W | HAT COU | VTRY? | 8 MARR | ED X NE | VER MARRIE | 0 0 9. | BALTIM | ORE CITY | OR CC | OUNTY OF | DEATH | |
| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 8// | | | | | J.S.A | | WIDOW | | DIVORCE | | 2-1+ | imore | Ci. | +37 | | |
| NJ N | * | 10 CT | nnsylva | E DEATH | IT. NAME OF HOS | | | | | | | | PATION (T | | | (IND OF BL | MD |
| LAY IS NE PAGE 5 F EFILED, W | 8-5 | 30 | . OK TOTAL | , ocalli | (IF NOT IN SUCH FA | | | ic, OR OTT | EK II431110 | ION | | IST OF WOR | | THE OF W | | OR INDUST | |
| | 5/6 | B | altimor | e / | Univers | sity I | Hospit | al - | STU | | 100 | | | | | 4 | |
| | | USUA | L RESIDENCE (| IF IN NURSING FOME | OR OTHER INSTITUTION, GI | IVE RESIDENC | BEFORE ADMISS | | | | | | | | (11 | 1010 | N. J. |
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| A STA | 100 | 1 | 10 | | | 1196 | -50-39 | 58 | Aret | her Va | aughn | 601 | 9 Nas | sau | ı Road | j c | |
| | ā | 3 | 18 CAUSE OF | DEATH (Enter or | nly ane couse per line | for (a), (b |), and (c).) | | | | | | | | | APPROXIMATI | |
| NG-6 | w. | 1 | PARTIDE | THI WALAC CALLE | DRV | | | urioa | rai th | comp l | iant | iona | | | 88 | TWEEN ONSE | T AND DEATH |
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| 2 3 mag | 90 | | | | (c) | | | | | | | | | | | | |
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| S A S S A S S | CREMA | 8 | 200 | | | | | | | | | | | | | | |
| NI RECORI NUID BE DI "PENDIN EF MEDIC | | E | 190 DATE OF | OPERATION | 19h CONDI | TION FOR | WHICH OPE | RATIONW | AS PERFOR | MED2 | | | | | 120 | ALLTODOV | 2 |
| A DO HE | # ₹ \ | . O | | | INE. CONDI | HOIVIOR | WINCH OF E | NATION W | AS FERI OR | MLD: | | | | | 70 | AUTOPSY? | |
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| S CERTIFIC RITING TH REED TO | 85 | MEDICAL | WHILE O | NOT WHILE | STREET FACT | TORY, FARM, I | | | TREET | | | CITY OR TOV | | | COUNTY | | STATE |
| ARRIAN D | 122 | - | WHILE AT WORK | AT WORK | X ro | oad | | Rt. | 95 b | etweer | Rt. | 32 8 | and R | t. | 175,F | nne | |
| P. W. T. | 52 | | | | | | | | [] | | | | | | - |)., MC | 1. |
| ₩\Z28 | 보물/ /1 | 1 | 22a I certify | that I took charg | ge of the remains des | | | Autop | sy L_J, _ | Inspection | LX.X | Inquiry | L. 0 | ind in m | ny apinion | 100 | |
| 基 | E | - | death resulte | d from: Natu | ral causes . | Accident | X, s | uicide 🔲 | , Hamic | ide . | Undeterr | mined mo | nner | , | | | |
| \$ E 9 E | 2 A | | | AL- | . · . [A | :Al | 41 | | TITLE (S | PECIEY) | | | | | | | |
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| 2 × × × × × × × × × × × × × × × × × × × | 2 | | EXAMINER'S | NAME Mara | arita A. H | Zorol | 1 M D | | | 111 Pe | nn S | + 1 | Balto | | 5M | 21201 | Y |
| DIVISION OF VITAL R TO MEDICAL EXAMINER, THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "IT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED | E87_1 | | TYPE OR PRIN | T) Plany | alita A. I | .or.e.i | T, 11.D | • | ADDRESS_ | 111 16 | 111 5 | C., | W100 | • / | | 21201 | 100 |
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| 07/84 BP | -/- | | NERAL DIRECT | | 1/22/05 | INE | SCATC | TICIN | | 250. DATE RE | | | | | | | |
| DHMH - | 17 | | NAME | | ADDRESS | | | | 1357 | | | | | | | | |
| (VR A15 ME | E (5)) | W | illiam | C. March | F/H 110 | 1 E. | North | Ave. | | JUL | 46 | 1985 | - | منتند | 146001- | fanoise | - |
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STATE OF MAKTLAND

| | | | 3/85 mtb F#607 | STATE OF MAR | YLAND | | | |
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| 18 | | | DEPARTMI | | | | | |
| 16 | | | MEDICAL EX | (AMINER'S CER | TIFICATE OF D | EATH REG. N | | |
| | | | MIDDLE | LAST | | TO DATE KNOWN E | MONEY DAYS YEAR 20-HC | ΟÚ |
| 2 - | 1111 | | | Ton | 00 | DEATH MATED | | |
| | 3 SEX | | | AGE (IN YEARS IF UNDER | | RS 2c. DATE | | Ol |
| S | 14 | INTO Plack | | - morning | DAYS HOURS MIN | PRONOUNCED | 7 16 0512: | 1 |
| 2º | 7- 0 | 11 411-11 | | | | | | |
| T SES | | | THE CHIZEN OF WHAT COUNTR | 8. MARRIED | NEVER MARRIED | SALTIMORE CITY | DR COUNTY OF DEATH | |
| | | ma | USH | | | | | М |
| 86/11 | 10 CI | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NURS | NG HOME, OR OTHER IN | NSTITUTION 120 | USUAL OCCUPATION (TYPE | OR INDUSTRY | 5 |
| 1/6 | 2 | Baltimore | | | CEL VII S | TOR MOST OF WORKING LIFE) | OK IN DOSIKI | |
| 1 | | L RESIDENCE (IF IN NURSING HOME C | OR OTHER INSTITUTION, GIVE RESIDENCE BEF | ORE ADMISSION) | and the second second | | | |
| 38-56 | 138.5 | 136 COUN | | | 1 | | 1440- ST 2121 | _ |
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| 38 | 1 | hillip | JOHES | | Lucy | -11 | URI | П |
| Z / | 16a V | (IF YES, GIVE | | | NFORMANT (| ADDRESS | | |
| ASI(| | | 095- | 48-2136 1 | 4CV JOHI | 5 604 LXN | dhurst 51 20 | 9 |
| | | 18 CAUSE OF DEATH (Enter an | ly ane cause per line far (a), (b), a | nd (c).) | • / | | APPROXIMATE INTERVA | 1 |
| L NE | 7.5 | | | dalcoholis | n & narcoti | Sm | BELMEEN ONZEL WAD DE | AI |
| NO SEE | | IMMEDIA | | | n a narcoci | | | |
| EX E | | Canditians, if any, which | 1 | | | | | |
| RR | | gave rise to immediate | (b) | | | | | _ |
| AND 'S | | lying cause last. | DUE TO, OR AS A CONSE | QUENCE OF | | | | |
| 200 | | | (c) | | | | | |
| AAA | | PART 2 DTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH DUT NOT RELATED | TO THE TERMINAL DISEASE OR C | ONOITIDN GIVEN IN PART 1 IO | | | |
| A ALTI | ō | White About These | | | | | | |
| FEG 1 | A | 190. DATE OF OPERATION | 196. CONDITION FOR WH | IICH OPERATION WAS P | ERFORMED? | | 20 AUTOPSY? | |
| 393 | E | | | | | | YES X NO | |
| O P O | W. | 216. EXTERNAL CAUSE WAS | 21b. TIME OF INJURY | 21c HOW I | NJURY OCCURRED (E | HTER NATURE OF INJURY IN ITEM 18 | | Ξ |
| STA STA | | UNDERLYING OR | HOUR A.M. MONTH D | | | | | |
| REPAIR | 20 | 71d INJURY OCCURRED | | | ON | | | _ |
| E DE | AE | WHILE NOT WHILE | STREET FACTORY FARM ETC.) | STREET | | CITY OR TOWN | COUNTY STA | LTE. |
| TAT | | AT WORK AT WORK | | | | | | _ |
| ES, | | 22a I certify that I taak charg | e of the remains described above, | held an Autopsy | X, Inspection |], Inquiry [], ar | nd in my apinian | |
| | | death resulted fram: Natur | ral causes . Accident | . Suicide . | Hamicide Ur | ndetermined manner . | | |
| ARY ARY | | 11 | \ \ \ \ . \ \ . \ \ . \ \ \ \ \ \ \ \ \ | | | | | |
| T.₹ | | ACTUAL MOUR | ee like The ll | | | | DATE 7/16/85 | |
| A S S | 1 | SIGNATURE | - Wic War | M.D. | ABBIDCAITE A | MEDICAL EXAMINER | SIGNED_1/10/05 | - |
| SON | | EXAMINER'S NAME ME | argarita A Kore | 11 M D | 111 1 | Donn St Rai | I+o MD | |
| PAN - | 02.00 | | | | | | LCO.MD. | |
| 114 | 230.B | (FY) | | AE OF CEMETERY OR CR | EMATORY 236 | SITY OR TOWN | COUNTY SATE | |
| 71 | 5 | URIAL | 1/19/85 N | 1/ 1/404 | R4 | WES 100R1 | ma | |
| - 17 | 24-11 | INERAL DIRECTOR | ADDRESS | PX | 230. DATE REC'D | W # 34 | | |
| ME (5)) | | Chas H 9 | KICE ESPA | 1306 Zulx | 14) [[[[[2] 2] | 1985 Mery | ivideen-yandeez | |
| | AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE PERSTON STATES TO BRIGHT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE PERSTON STATES TO BURIAL, CREMATION, OR REMOVAL. | AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF MERCON STREET, BANTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION MEDICAL CERTIFICATION | TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO CITY OR TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO CITY OR TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO BE CITY OR TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) THE TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) THE TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) THE TOWN OF DEATH CONTRIBUTIONS TO BIRTHPLACE (STATE OR FOREIGN HOME COUNTRY) THE TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) THE TOWN OF DEATH CONTRIBUTIONS TO BIRTHPLACE (STATE OR FOREIGN HOME COUNTRY) THE TOWN OF DEATH BALLIMOYE USUAL RESIDENCE (IF IN NURSING HOME COUNTRY) THE TOWN OF DEATH BALLIMOYE THE TOWN OF DEATH COUNTRY THE TOWN OF DEATH CONTRIBUTIONS TO BRITHPLACE (STATE OR FOREIGN HOME COUNTRY) THE TOWN OF DEATH THE TOWN OF DEATH COUNTRY THE TOWN OF DEATH COUNTRY THE TOWN OF DEATH COUNTRY THE TOWN OF DEATH THE TOWN OF DEATH COUNTRY THE TOWN OF DEATH THE TOWN OF DEATH COUNTRY THE TOWN OF DEATH THE TOWN OF THE TOWN | TATE REGISTRAR- I. DECEASED NAME [TYPE OR PRINT] PART PART | TORRESISTAR TO STATE REGISTRAR TO STATE REGI | DEPARTMENT OF HEATH AND MENTAL HYG MEDICAL EXAMINER'S CERTIFICATE OF DI RECISTER. DONES 3. SEX SACE SOLIE OF BIRTH DAY YEAR SACE (PYTEAS) FUNDER 21H FUNDER 21H MOOTH DAY YEAR SACE SOLIE OF BIRTH DAY YEAR SACE (PYTEAS) FUNDER 21H MARRIED DAYS HOURS MARRIED DAYS HOURS MARRIED DAYS HOURS MARRIED MARRIED DEPARTMENT OF HEATH AND MENTAL PLANT PARTIED PARTIED DAYS HOURS MARRIED DAYS DAYS HOURS MARRIED DAYS DAYS HOURS MARRIED DAYS DAYS | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAM MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAM TO ECESSED NAME (IVEC OF PRATI SEA PACE SOLUTION SOLUTION SETTING SOLUTION SOLUTION SETTING SOLUTION SOLUTION | DEPARTMENT OF HEATH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FEG. NO TOTAL DATE (NOW) FINANCE INCOMING TO THE PROPERTY OF THE PROPERTY O |



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Chief while h. Joseph Deltiming, E. 212172

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REDIN | 0 | 9 | 3 3 |
|---------------|---------------------------------------|----------------------------|-------------------|------------------------|--------------|---------------------------------|---------------------------|---------------------|--------------|-------------------------|
| | CEASED NAME | FIRST | 1 | MIDDLE | ı | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| (TYPE | A. | | GU | SS | J | ONES | 7-8-1985 | | | |
| 3 SEX | X | | 4. RACE | | 5 DATE C | | 6 AGE TIN YEARS LAST BIR | | UNDER I YEAR | |
| 1 | MALE | | BLAC | K | 2 MONTH | 27 1906 | 79 | YRS | ITHS DAIS | HOURS MIN. |
| 7a. BI | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED X | 9 BALTIMORE CITY O | R COUNTY OF | FDEATH | |
| | IRGINIA | | U. | S.A. | WIDOWE | | BALTI | MORE C | ITY | MD. |
| 10 CI | TY OR TOWN OF DEA | TH | | | | OR OTHER INSTITUTION | 120. USUAL OCCUPAT | ION | 126 KIND C | |
| BA | ALTIMORE | | KEY C | IRCLE H | OSPI | CE | LABORER | JF WORKING (IFE) | RATE | SYLVANIA ROAD |
| 13a S | AL RESIDENCE IF NURS | ING HOME OF | | GIVE RESIDENCE BEFORE | | 113d INSIDECITY LIMITS? | 13e STREET ADDRESS | / 7IP CODE | 7 | 1229 |
| M/ | ARYLAND | | | BALTIM | | YES NO | | NDALE | STRE | ET |
| 14 FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | | | |
| | JAMES | | MIDDLE | JONE | S | JULÏA | MIDDLE | | MILL | ER |
| | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRI | ESS | E 737 | 7-1 |
| | YES | (IF IES, OF | TE WAR OR DATES | 230-05- | 9374 | GERALDINE | G. HUNT, | 900 A | LLEN | DALE ST |
| | 18 CAUSE OF DEAT | H (Enter or | nly one couse per | | | . 1 | | | BETWEEN | ONSET AND DEATH |
| | PART I. DEATH W | | TE CAUSE (o) | CAR | CIM | OMA LU | N G. | | | |
| | | | DUE TO, OI | R AS A CONSEQUE | NCE OF | | | | 1000 | |
| | Conditions, if any, | | (ıb) | | | | | | E) (11) | |
| | gove rise to imn | g the | DUE TO, OI | R AS A CONSEQUE | NCE OF | | | | | |
| | underlying couse | lost. | (c) | | | | | | | |
| ~ | PART 2 OTHER SIGN | VIFICANT | CONDITIONS CO | INTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN | IN PART 1 | 0 |
| CERTIFICATION | | | | | | | | | | |
| ICA | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W | | NGS USED S OF DEATH? |
| RTIF | | | | | N 1 | | YES NO | YES [| | NO 🗌 |
| CE | OR CONTRIBUTING | h- | 216. TIME O | FINJURY M. MONTH DA | YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART | OR PART 2) | |
| MEDICAL | (IF EITHER NOTIFY MEDIC | | | M. N | 4 19 | | 77 | -65 | | Wash of the |
| AEDI | 21d INJURY OCCURR | | 21e PLACE O | OF INJURY | ARM, ETC) A | 211 LOCATION STREET | CITY OR 10 | JWN | COUNTY | STATE |
| < | AT WORK AT WOR | RK | | | ~4 | | Y | | | |
| | 220 I certify that (1) | | - 1 | e deceased from | 6 | 19 | | 19. | | that (1) (we) lost |
| | sow the decease above, (1) (we) (a | d olive or lid) (did no | t) view the body | after death. | or or | nd that in (my) (our) opinion o | deoth occurred on the di | ate and hour or | nd from the | causes stated |
| | 22b. SIGNATURE | 1 | | | | DEGREE | | | 22c. DATE | . 10 |
| | Suy | for A | Julia | | | ATTENDING PHYSICIAN | MEDICAL STA | | 11/1 | 10/85 |
| | 226. PHYSICIAN'S N | ME (TYPE C | | | | 22e ADDRESS | ARATOGA | S.T. | 2 1/1. | TIMBE |
| | SUR? | 117 | JUL | KA M | D | 107-6 3 | ARK I DUA | ms | 37/1 | 202 |
| 23a. B | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c. N | AME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | |
| (| BURIAL | | 7/11 | /85 G | ARRI | SON FOREST | BALTIMO | RE COU | JNTY | STATE |
| 24 F | WENTUP RERIOR | SON | S FUNE | RAL HOME | E, IN | IC . 250. DAT | E REC'D. BY REGISTRAR | 255 REGISTRAF | R'S SIGNAT | URE |
| | 2501 GWY1 | NNS | FALLS I | PARKWAY | | | 1 1 0 1985 | The Day | Adson-1 | fandelle. |

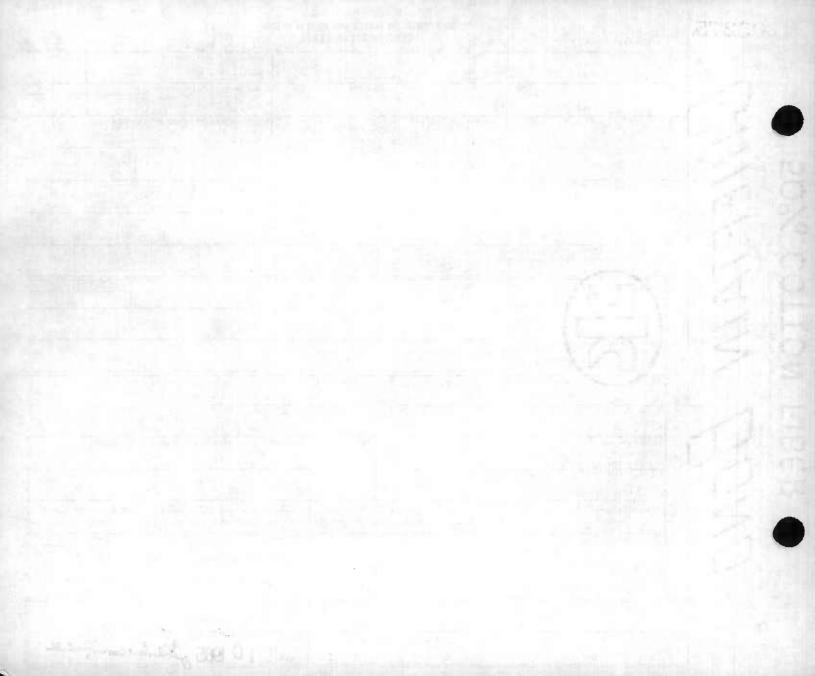
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar the IMPORTANT: If hem 21 is marked or Hem 18 shows any injury, or other traumatic.

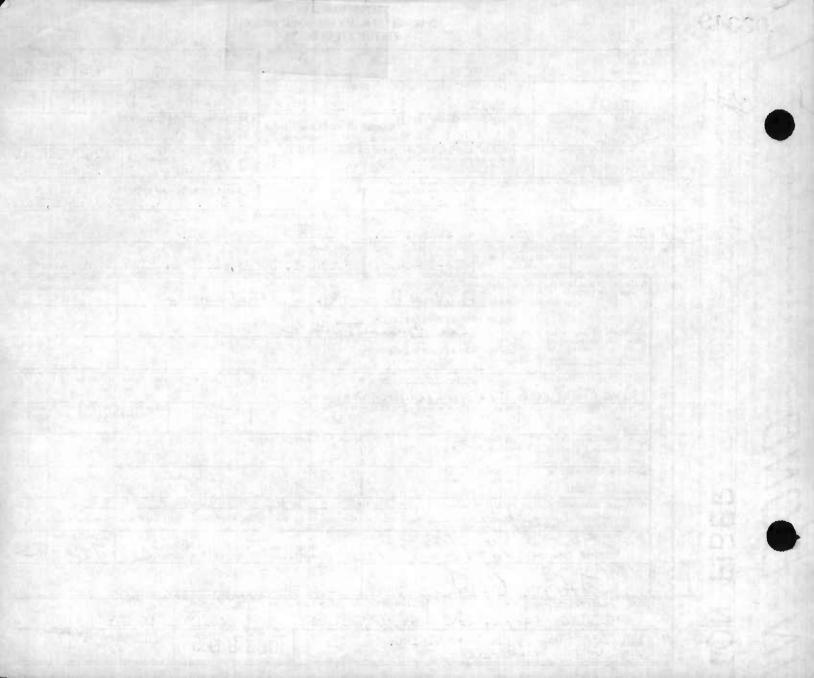
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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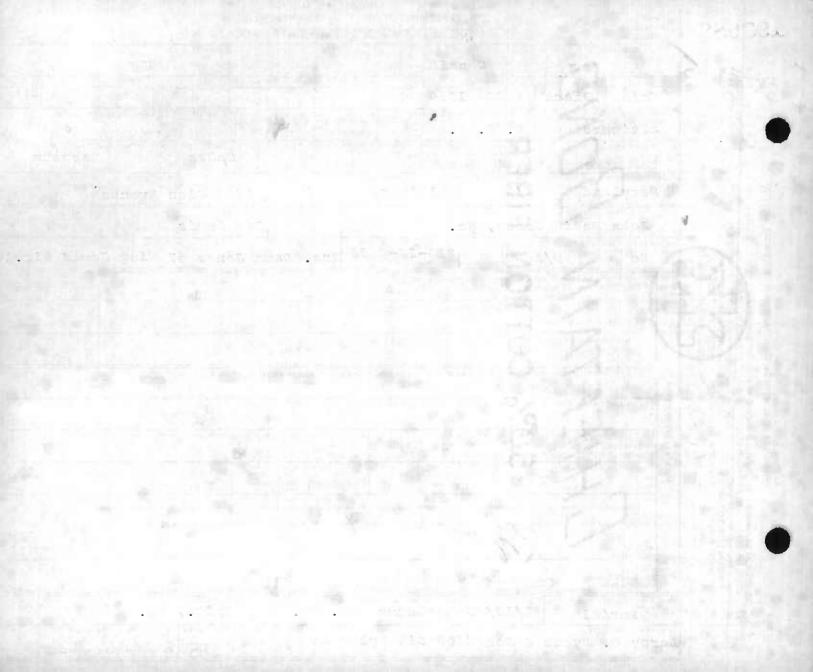


| 4000 | | | | STAT | E OF MARYLAND | | | | |
|-------------------------------|---------------|--|--|-----------------------|------------------------------|----------------------------|---------------------|-------------|-------------------|
| 1023 | 1 | FOR | 0 | | REALTH AND MENTAL HY | SIENE | | | |
| | / | REGISTRAR | | CERTI | FICATE OF DEATH | REG. NO | . 4 4 | 9 44 | 5 3 |
| J. W | | CEASED NAME FIRST | MIDDLE | | LAST | | MONTH DAY | YEAR | 2b HOUR |
| deoth deoth | (146) | E OR PRINT) HERBERT | | | ONES | 1 | 7 24 | 85 | 6:55 am |
| ofter de | 3. SE | | 4 RACE | 5. DATE | OF BIRTH | & AGE (IN YEARS LAST BIRT | | NDER I YEAR | IF UNDER 24 HRS |
| saft | | Male | Black | MONT 9 | | 64 | YRS. | THS DAYS | HOURS MIN. |
| non e | | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | UNTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OF | | DEATH | |
| 35 | | COUNTRY) Maryland | U.S.A. | WIDOW | | BALTIMORE | CITY | | MD |
| Pa | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | NURSING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | ON I | | F BUSINESS OR |
| 23 | 6 | BALTIMORE | VAMC BALTI | MORE, MAI | CYLAND 21218 | (TYPE OF WORK FOR MOST OF | WORKING LIFE] | INDUSTRY | |
| o o | ,⊌5U 13o | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN | | NCE BEFORE ADMISSION) | 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / | 71P CODE | | |
| | | aryland | | timore | YES NO | 3212 Carli | sle Av | enue 2 | 21216 |
| , uner | | ATHER'S NAME | WIDDLE | LAST | 15 MOTHER'S MAIDEN NA | ME | | | |
| 3/ | P. | Charles | Jon | | FIRST | WIDDLE | | ŁAS1 | |
| 0 | | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOC | IAL SECURITY NO. | 17 INFORMANT | ADDRE | 58 | | |
| medico | (| YES NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) 19 | 3-14-6173 | FLorine B. | Jones 3212 | Carlis | le Ave | enue |
| ol. | | 18 CAUSE OF DEATH (Enter on | ly one couse per line for 10 | 1, (b), and (c), i | | | | APPROXI | MATE INTERVAL |
| vent | | PART I. DEATH WAS CAUSE | E CAUSE (b) Sh | ock | | | | 18 | hours |
| or re | | | DUE TO, OR AS A CO | No Poster | | | | | |
| non, | | Conditions, if ony, which | | astanc | cancer | | | | |
| emo emot | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CO | NISEONENICE OF | | | | | |
|), crem ather 1 | | underlying couse lost | DOE 10, OR AS A CC | NASE GOEIACE OF | | | | | |
| burial, | 13 | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUT | ING TO DEATH BU | NOT RELATED TO THE TERM | AINAL DISEASE OR CONE | DITION GIVEN | IN PART 110 | |
| 10 to 10 | CERTIFICATION | | | | | | | | |
| ws ony ii | CAT | 19a. DATE OF OPERATION | 19b. CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, W | | |
| shows | TIF | | | | | YES NO | YES [| | NO [|
| or Item 18 short | CER | 21a. ACCIDENT WAS UNDERLYING | | NTH DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I | OR PART 2} | |
| of Ed | AL | OR CONTRIBUTING CAUSE OF DEA | THE STATE OF THE S | 19 | | | | | |
| or He | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJUR | Y | 21f LOCATION | CITY OR TOV | 276.1 | COUNTY | STATE |
| orkedo | × | MHILE NOT WHILE AT WORK | (AT HOME STREET FACTOR | Y, OFFICE FARM ETC) | PINEEL | CITTORIO | *14 | COUNTY | STATE |
| s mo | | 22a 1 certify that XX his hospit | tol) ottended the deceose | d from JUI | | , toJULY | 24 | 85 | that (hx(we) last |
| 21 is | | sow the deceased alive on above. (1) (we) (did) (di) | JIII 24 | 1985.0 | nd that in ((our) opinion | death occurred on the do | te and hour on | d from the | couses stoted |
| Dept. | | 226. SIGNATURE | / | | DEGREE | | | 22c DATE | |
| VT: If Hem | | Hm | (Oster | מון | ATTENDING PHYSICIAN [| MEDICAL STAF | IAN | 7/2 | 4/85 |
| NA NA | | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | HARMAN | 1220 ADDRESS | | 9 | 1 | 1100 |
| with the Stote [IMPORTANT: If | m | CONS | TURA | | Loch Kave | n VAMC | Day | Amo | re. |
| 3 8 | 23a. | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF | EMETERY OR CREMATORY | 23d LOCATION | AT | | |
| | | BURIAL | 7/29/85 | Garrisc | n Forest Vet. | Owings Mi | ills, | YINDC | Md. |
| 6 60M 7/B4 | 24 F | UNERAL DIRECTOR | | | 25a. DA | E REC'D. BY REGISTRAR | SHIREGISTEAR | S SIGNA | URF . |
| 15, 4) | W. | illiam C. March | F/H 1101 E | . North A | ve. | UI 26 1985 I | - a vai | 4dson-l | jandest |

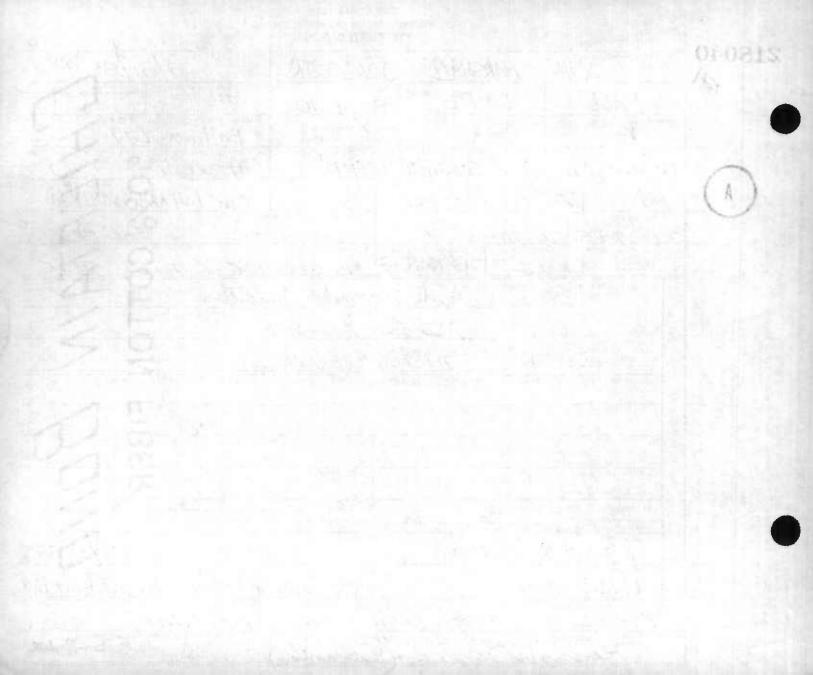
| | | | | | | | STATE OF | MARYLA | AND | | | | | | |
|--|---------------|--|---------------|---|---------------------|---------------------|------------------------|------------|-----------------------|--------------------------|---------------------|----------------|-----------------|-----------|---------------------------------|
| 203349 | , | FOR | | | DEP | ARTMENT | OF HEALT | H AND | MENTAL HYG | IENE | | | | | |
| AND CHU X- | 1. | REGISTRAR | | | | CE | RTIFICA | TE OF D | EATH | 4 | . DEC N | 10 8 | 2.9 | ^ | 5 4 |
| | 1 DF | CEASED NAME | FIRST | | AIDDLE | - | LAST | | | 120. DA | REG. N | MONTH | DAY | YEAR (| 26 HOUR |
| 6 w E | | OR PRINT) | | | | | | | | | | | 10 5 | 85 | 8.300m |
| moy be | | | ERMAN | | R. | 1 | JONES | | | L ACE | JIN YEARS LAST BI | 7 | IF UNDER | | IF UNDER 24 HRS |
| E . F. | 3. SE | | | RACE | | 3.1 | MONTH | DAY | YEAR | 6 AGE | I IN AF WAS TWO! BY | KIHDAT) | MONTHS | DAYS | HOURS MIN. |
| 8 | - | MALE | | BLACK | | 5 | (| 03 | 1922 | | 63 | YRS | | | |
| 8 1 P 8 | | RTHPLACE (STATE OR FO | RE IGN | L CITIZEN OF | WHAT COUN | ITRY? | APPIED (X) | NEVERA | MARRIED - | 9. BALT | IMORE CITY | OR COUNT | Y OF DE | ATH | |
| n 72 | | EW YORK | | U. | S.A. | | DOWED | | VORCED |] | BALTIMO | DRE C | ITY | | MD. |
| d the d | 10. C | ITY OR TOWN OF DEAT | Н | 11. NAME OF H | OSPITAL N | URSING H | OME OR OT | THER INST | ITUTION | 120. US | UAL OCCUPAT | ION | TOP | TOUR ROT | MENEPS OF |
| by the filed with | | LTIMORE CIT | | UNION | MEMOF | RIAL I | HOSPIT | CAL | | AC | COUNTAI | VT | LIFE) IND | FINA | NCE |
| t hour | | AL RESIDENCE IN NURSIN | G HOME OR O | | GIVE RESIDENCE | TOWN | | INSIDE CI | ITY LIMITS? | 13e STR | EET ADDRESS | / ZIP COL | Œ | | |
| edie 24 | MA | RYLAND | | | BALTI | MORE | YES | s K | NO 🗌 | 2515 E. STRATHMO | | MORE | DRE AVENUE, 212 | | |
| tely thir | 14. F/ | ATHER'S NAME | | AIDDLE | LAS | , | 15. MOTHER'S MAIDEN NA | | ME | MIDDLE | | P. | LAST | | |
| 11100 | AL | LEN THEST | ^ | B. | JON | ES, S | R. 1 | BESS1 | E. | | L. | | C | | NNON |
| D- 18 / | 16a \ | WAS DECEASED EVER IN | U.S. ARA | AED FORCES? | 166. SOCIAL | | | NFORMA | | ADDRESS | | | | | |
| 人門門/ | 1 | YES NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 054-1 | 2-249 | 8 EI | LAINE | E Y. JO | NES, | 2515 I | E. STI | | | |
| 5 50.0 | | 18 CAUSE OF DEATH | | | line for (o), (| - 4 () () | | | | | _ | | BE | APPROXIM | NATE INTERVAL NSET AND DEATH |
| phy n po mov | 199 | PART I. DE ATH WA | | CAUSE (a) | Bilade | ral P | neumi | Sthon | ces & 1 | Ned | rastrnie | m | | | |
| ling rrbo rr re | 9 | | MACDIAII | | | | | - | ALL IN | | | | | | |
| tend on, o | | Conditions, if ony, | biah | DUE TO, OR | RAS A CONS | 0 | line } | aili | ine | | | | | | |
| e de option de province de de | 100 | gove rise to imme | diote | 1b) | tat | | - | 200- | | | | | | | |
| thot the day the eose re | | couse (a), stating underlying cause | | DUE TO, OR | RASACONS | SEQUENCE | OF | | | | | | | | |
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| en sign Then proto to bu | z | PART 2. OTHER SIGNI | A | ONDITIONS CC | NIKIBUTING | 1 1.1 | | , | | MNALDE | SEASE OR COR | NDII ION G | IVEN IN P | AKI IId | |
| e chill | 18 | 190 DATE OF OPERATION | ulur. | C. Inte | TION FOR W | | Syund | | | 20- | AUTOPSY? | Tank IE V | ES, WERE | EINIDING | CCHCED |
| DE O O | S | 140 DATE OF OPERATION | UN | 140 CONDI | I ION FOR W | mich OPE | KAHUN WA | AS PERFO | KWED | 200 | AUTOPST: | | | | OF DEATH? |
| 60 - 00 | CERTIFICATION | | | | | HE III | - | | | YES | | | ES | - | NO 🗌 |
| Sylve Son Of H. See Col | | 21a. ACCIDENT WAS UNDER | | HOUR A. | FINJURY M. MONTH | H DAY | YEAR ZIG | . HOW IN | JURY OCCUR | RED (EN | TER NATURE OF INJ | URY IN ITEM TE | PART 1 OR P | ART 2) | |
| = u == o = / | 18 | (IF EITHER NOTIFY MEDICA | | P.A | м. | | 19 | | | | _'680 | 38.1 | | | |
| A M P | MEDICAL | 21d. INJURY OCCURRE | D | 21e PLACE C | OF INJURY | SECE FARM | | LOCATIO | N | | CITY OR T | OWN | cou | YINI | STATE |
| 0000 | > | AT WORK NOT WHILE | E 🗌 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | zer, merokr, o | 77 N.C., 1 AMITI, 1 | | | | | 25000 | | | | |
| or or see | | 220.1 certify that (I) (I | this hospit | al) ottended the | e deceased f | rom | Tune | 23 | 19.85 | , to_ | que | 10 | , 19_5 | 3 , th | nat (1) (we) lost |
| TTEN TOR TOR 10 H | | sow the deceased above, (I) (we) (die | olive on | July | 10 | 19 85 | , and the | ot in (my) | (our) opinion | death oc | curred on the c | date and he | our and fre | om the co | ouses stoted |
| hose hose hed hem | | 226. SIGNATURE | a) (ala nat | view the body | dilei dedili. | | DEGR | REE | | | | | 220 | . DATE S | IGNED |
| | 12 | 1 | nine | Ma | m | | MI | | ATTENDING PHYSICIAN [| MEDI | CAL STA | AFF CIANGE | | 7-11 | 0-85 |
| PITA by by Stot | | 224 PHYSICIAN'S NAM | , | PRINT) | 1 | | 22e | ADDRES | | _ DIKEC | .IOK [] PHISI | CIMINIZ | | - / | |
| HOS Inned FUN Vold b | | 1 | 100:50 | 160 | 2 | | 130 | | | | | | | | |
| TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Stote LIMPORTANT: IMPORTANT: IMP | 200 | | MIN | | oa | 22 | | | | | HOSPITZ | NI- | | | |
| | | BURIAL, CREMATION, RI | | 23b. DATE | 1005 | | | | CREMATORY | CITY OR TOWN COUNTY STAT | | | STATE | | |
| BP | | BURIAI | | 7-16, | | | RISON | FUKE | 51 | 1 | BALTIMO | KE CO | UNTY | - Than | 1.00 |
| DHMH - 16 50M 4/83 | 24 F | 2501 GWYNN | SONS | FUNERAL | HOME? | RESINC. | | | 75a. DAT | 18 | BY REGISTRAL | 256. REGIS | WARDS-A | ie Mun | KE . |
| (VRA 15, 4) | | 2301 GWYNN | VS FA | LLS PAR | KWAY | | | | 100 | - 1 0 | 1300 | | | | |

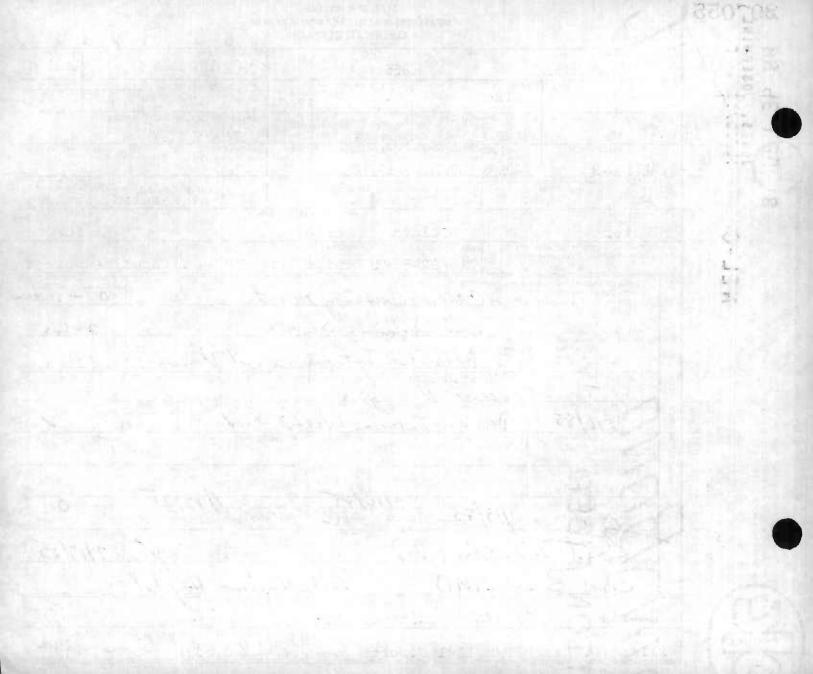


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 152089 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Donald DEATH MATED X John Jones 19 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED 6:13F 9 28 1950 Male Black DEAD 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore U. S. A. WIDOWED [DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 17h KIND OF BUSINESS SAST PENSKING LIFE) Carpets 3408 Glenn Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS
YES ANO 3408 Glen Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John David Jones, Sr. Ida Lewis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 213-54-4555 Mrs. Dana Jones #7 King James Circle 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound to head (rifle) IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XI NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING X OR HOUR A.M. MONTH DAY YEAR 3 19 85 self inflicted CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 711 LOCATION STREET, FACTORY, FARM, ETC.1 STATE WHILE AT WORK AT WORK 3408 Glenn Ave, Baltimore home MD. Autopsy X 22a. I certify that I took charge of the remains described above, held an Inquiry death resulted Iram: Accident Homicide Natural caus Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTMORE, M M.D. Assistant MEDICAL EXAMINER 7/9/85 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS. 111 Penn St. Balto.MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 7/12/85 Balt., Md. Arbutus Mem. Pk. Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE Leroy O. Dyett & Son 4600 Lib Hghts Av **DHMH - 17** (VR A15 ME (5))



| | | 1. | FOR STATE | DEPARTN | MENT OF HEALTH AND MENTAL HY | SIENE | |
|---|-----------|---------------|---|--|---|--|--|
| 100 | | | REGISTRAR | | CERTIFICATE OF DEATH | RED NO | 9 4 5 5 |
| 180 | 40 | | OR PRINT) | MARSHALL | JONES JR. | 20. DATE OF DEATH | 7/31/85 9 AM |
| recto. p | 30 | 1.583 | MALE | WHITE | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | MONTHS DATE HOURS MIN. |
| Second di | 3 | | OUNTS VA | USA | MARRIED NEVER MARRIED UNIDOWED DIVORCED | | ove City MD. |
| | 15 | B | attimore, MS. | IN NAME OF HOSPITAL, NURSIN NE NOT IN SUCH FABILITY, GIVE STREET COOL SATION OF THE RESIDENCE BEFORE | an Hospital | 12a USUAL OCCUPATIO | |
| 1 | 13 | 134.5 | YD BAL | Y 1131 CITYOR TOWN | YES NO [| 130 STREET ADDRESS | PARTEY VALLEY AD. |
| complete 1 and 2 | 3 | 50 | HN MARSHALL | JONES SR | 15 MOTHER'S MAIDEN NA FIRST FEAUNE | MIDDLE ADDRES | SHRIVER |
| on ond | 2 | 160 V | AS DECEASED EVER IN U.S. ARM | AND REAL SECURISE SOCIAL SECURISE SECUR | 17 INFORMANT | | TONES, SHAE |
| g physic son pape | event, fl | | PART I. DEATH WAS CAUSED IMMEDIATE | BY Street | Myscardial & | nfarction | MINTER OPENT AND DEATH |
| other cut | rawmatic | 3 | Conditions, if any, which gove rise to immediate | DUE TO, OR AS A CANSEQUE | ration Pneumoni | d | |
| d ky in eose ren ol, cremo | or other | | couse (a), stating the underlying couse last. | DUE TO, OR AS A CONVIOUE | thele Schrosis | | |
| en signed Then pl | injury, o | LION | | | DEATH BUT NOT RELATED TO THE TERM | AIN AL DISEASE OR COND | |
| e has bei | (uo sou) | CERTIFICATION | 190 DATE OF OPERATION | | OPERATION WAS PERFORMED | YES NO | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| g physic entificate rial-trans | d 9 s | | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DA | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 1B PART I ORPART?) |
| attendin streethis streethis hand Me | rked or 1 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F) | ARM. ETC.) 211 LOCATION STREET | CITY OR TOW | IN COUNTY STATE |
| STOR: After use of Healt | 2] is mo | | 220.1 certify that (i) (this hospital saw the december of the did not did not | view the body offer death | 55, and that in (my) appinion | death occurred on the dot | , 19 , that II we lost the and hour and from the couses stated |
| AL DIRECTOR | T. If hem | | Ward & | Weberys | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF | 7/31/85 |
| orned by O FUNER ould be o | IMPORTANT | | DAVID R. WEI | YEA | Good Saway | tan Hospital | 3601 Lock Daven Alud |
| BP | ≧ | | URIAL, CREMATION, REMOVAL SPECBURIAL | 236 DATE 8-3-85 Z | PUID RIDGE | 23d LOCATION CITY OR TOWN PIKESY | ILE, MD. |
| HMH - 16 60M (VRA 15, 4 | | 24 FU | NAME TENUS | VORKAS. BA | TOPE Silvan Co. | VG 2 1985 | Sh REBISTRAN SIGNATURE |
| | | | | | | | |

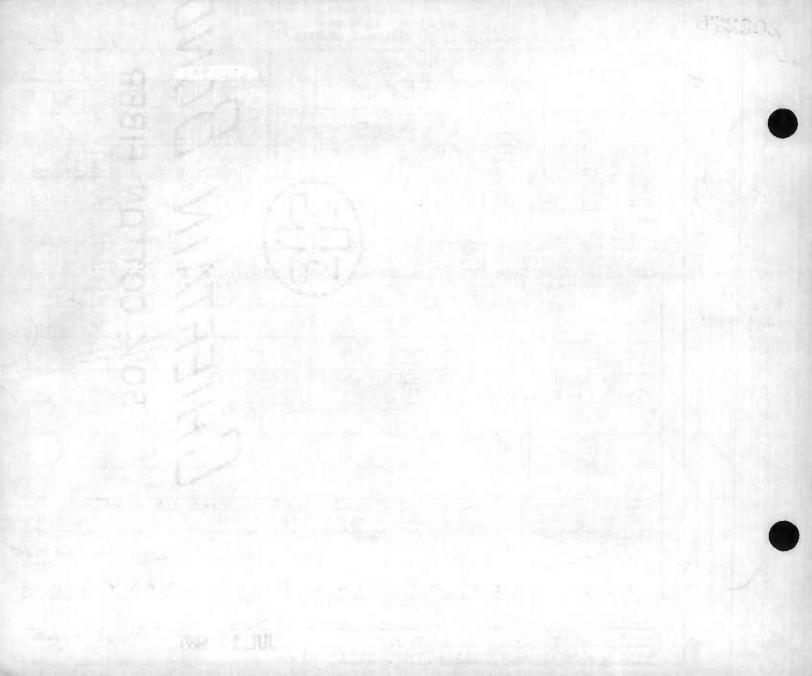




| 203276 | 1 | 1 | FOR STATE | | DEPARTA | | E OF MARYLAND EALTH AND MENTAL HYG | IENE | | | |
|---|--------|---------------|---|------------------------|--------------------------------------|-------------|---------------------------------------|----------------------------|----------------------------------|---------------------|----------------------------------|
| | | | REGISTRAR MARTI | NF. | JONES | CERTIF | ICATE OF DEATH | RED NO. | | 9 4 | 5 8 |
| | 1. | | EASED NAME FIRST | | MIDDLE | L | AST | 20 DATE OF DEATH M | ONTH DAY | YEAR | 2b. HOUR |
| page 3 | 10K | | MARTIN | F | | 20 | 234 | 7/10/85 | | | 10:15PM |
| - + | 3 | SEX | 4. | RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UN | DER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| ge 4 | | | Male | Cau. | | 3 | /25/21 | 64 | YRS | , DAT | MA. |
| 2 hou | 1 | a BIR | THPLACE (STATE OR FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF I | EATH | |
| Jeografian 7 | 5 | | Maryland | USA | | WIDOWE | D DIVORCED | Baltimor | e City | 7 | MD. |
| in the second | 34 | 0 C11 | Y OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | N 172 | L KIND O | F BUSINESS OR |
| 0 1 | 1/ | | Baltimore | Merc | y Hospi | tal | | Supervis | | Baltimore | |
| 24 hou | 進 | JSUA 3a. S | L RESIDENCE (IF NURSING HOME OR OIL TATE 136 COUNTY | | 13c CITY OR TOWN Balto. | | 13d INSIDE CITY LIMITS? YES X NO | 3237 Bre | zip code ndan <i>P</i> | | |
| tely 2 sh | (B) 1- | 4. FA | THER'S NAME | DDLE | LAST | 14.5 | 15 MOTHER'S MAIDEN NAM | AE . | | | |
| m be and m | 0 | | Charles Jones | | LASI | | Barbara | Unknow | n | LAS1 | |
| and co | 1 1 | | AS DECEASED EVER IN U.S. ARMI | ED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRES | S | THE S | |
| Pag med | | (4) | Yes WW | II | 219-07- | 8162 | Daniel Jo | ones,12 Ha | ylock | Ct. | Apt. 30 |
| sicio pers ral. | | | 18. CAUSE OF DEATH (Enter only | one couse per | line far (a), (b), and | d reli | | 21236 | | BETWEEN | MATE INTERVAL DISET AND DEATH |
| phy anpo emov | | | PART I. DEATH WAS CAUSED | CAUSE (a) | retastal | sc f | tdemo carcin | ioma | | mon | 1 |
| th certaing sarbic areas | | | | | R AS A CONSEQUE | | | | | | |
| deat ove ove nton | | | Canditions, if any, which | (b)_ | | | | | | | |
| the remo | | | cause (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | 100 | | |
| that d by lease ial, ci | | | underlying cause lost. | (c) | | | | | | | |
| igne en pl burr | | , | PART 2 OTHER SIGNIFICANT CO | | | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDI | TION GIVEN IN | PART 11a | |
| requestrated in the second or to be y injury | | CERTIFICATION | Diabetesh | | | | | | 2.57 | | |
| low ermine e prince | 7 | S S | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WE IN CERTIFYING | RE FINDIN CAUSES | GS USED OF DEATH? |
| The ician te horasit progrem shaw | 4 | 2 | | 411 71117 0 | | | Tay was | YES NO | YES [| | но 🗆 |
| Z & 0 0 4 8 (| | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME O HOUR A. | | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY | IN ITEM 18 PART I (| OR PART 2) | |
| SICIA ng p certif certif Nento | 1 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P., | | 19 | | | | -31 | |
| this this he bind N | | WED | 216 INJURY OCCURRED WHILE NOT WHILE | 21e. PLACE | OF INJURY REET FACTORY, OFFICE FA | ARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | 4 | OUNTY | STATE |
| ING r offer os t ith o | | | AT WORK | | | ~- 11(| | | | 0.7 | |
| S Hep | | | 22a.1 certify that (1) (this hospital saw the deceased alive on | ottended the | e deceased from_ | 200 | | . 10 | | | hat (1) (we) last |
| aspit aspit ECT d fo it of m 21 | | | above, (I) (we) (did) (did nat) - | view the bady | after death. | , | nd that in (my) (aur) apinian o | death occurred an the date | | | |
| Or DIR Dep | | | LI OP INC | 00 | 1 100 | | DEGREE ATTENDING | MEDICAL STAFF | , | 22c. DATE | 110,1985 |
| HOSPITAL Ined by the FUNERAL old be derived the State ORTANT; | | | 22d. PHYSICIAN'S NAME (TYPE OR P | BINITI | (run) | | PHYSICIAN [| DIRECTOR PHYSICIA | NA | 100 | 10,1103 |
| O HOSPIT/ etained by TO FUNER/ should be d with the Sto MPORTAN' | 1 | | 11 1 | 1016 | a her | , | | n. On . | 20 0 0 0 | 1, 11, | |
| TO HOSP retained TO FUNI should b with the IMPORTA | 4 | 2- 01 | | Valks | | | | JUL PL- / | JEICC | 7 4 | OSPITA |
| nn. | 1 | | PEC(FY) | 23b. DATE | | | EMETERY OR CREMATORY | CITY OR TOWN | COL | INTY | STATE |
| BP | 2 | 4 FU | Burial | 7/13 | 3/85 S | acre | d Heart of | Jesus Ra | 1to N | 1d. | DER & CO. |

DHMH - 16 60M 7/84 S (VRA 15, 4)

Schimunek Funeral Home FESS Inc. 3331 Brehms Lane, Balto, Md. 21213 JUL 1 2 1985



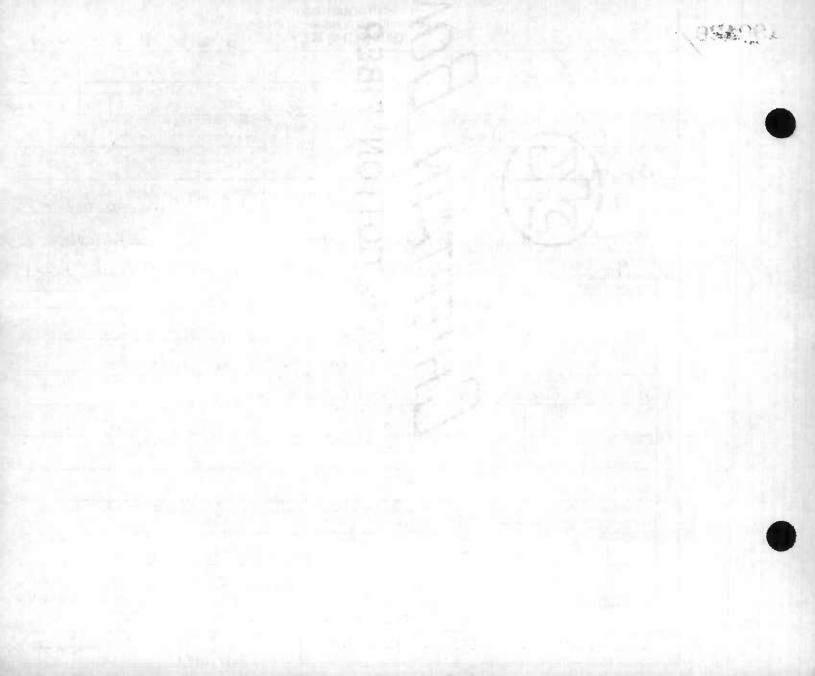
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 204045 CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME COME OR PRINTS RICHARD SONE # UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1914 Male White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED WEVER MARRIED COUNTRY) Baltimore ennsylvania DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY altimore Bethlehen Steel Francis Scott Med. Cent Key USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 130 STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk Searles Rd. 21222 958 NO X 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Jones MIDDLE Robert FIRST Cooper Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Jean Jones 1958 Searles Rd. 21222 211-10-7792 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF SEPSIS Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. NO F DIVISION OF VITAL 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 5 CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 10 JULY 9 JULY 220 I certify that (this haspital) attended the deceased from... sow the deceased alive on 10 July 1985 and that in () (our) opinion death accurred on the date and hour and from the causes stated view the body ofter death. DEGREE 22c. DATE SIGNED 28 KWE OJ ATTENDING MEDICAL FUNERAL old be deta DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22 ADDRESS EASTERN AVE BOUTOME 21224 Shoul 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Baltimore Buria Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Connelly Funeral Home of Dundalk (VRA 15, 4)

| TATE OF MARYLAND |
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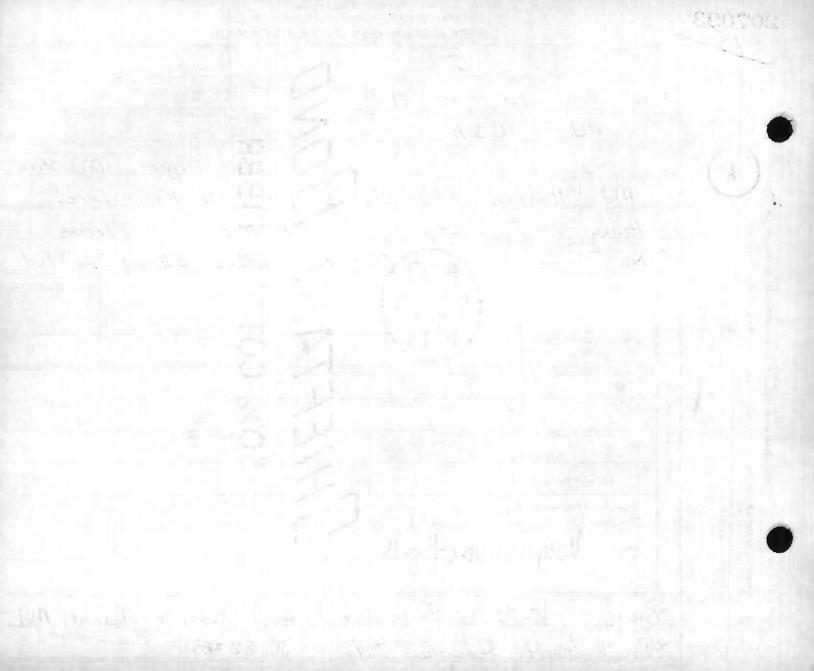
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 126 | | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 0 1 | 9 6 6 0 |
|--|---------------|--|--|---|---|---|
| / II | | REGISTRAR EASED NAME FIRST OR PRINT) | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| deoth 3 | TIPE | RO | bert | Jones | 7 10- | 85 23/ |
| 2 offer of the control of the contro | SEX | 20 | 4. RACE | S DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| | 0.10 | 77[| <u></u> | 5 5 16 | GO YRS | |
| | | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED LI NEVER MARRIED | 9. BALTIMORE CITY OR COUN | |
| 35 Par 10 |) C1T | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION | BALTIMORE C | 12b. KIND OF BUSINESS OR |
| 46 | | Battimore | (IF NOT IN SUCH FACILITY, GIVE STREE | TAPORESS) | TYPE OF WORK FOR MOST OF WORKING | (IFE) INDUSTRY |
| nust be med | SUA 30 SI | RESIDENCE I IF HURSING HOME OR ATE 13b COUN | VITY 131 CITY OR TO | NO 134 INSIDECTTY LIMITS? | 13e STREET ADDRESS / ZIP CO | |
| ner ner | FAT | HER'S NAME | - Burty | NOTE, YES NO 15. MOTHER'S MAIDEN NO | AME | amba Aue 2/2/2 |
| 100 | | Robert | H. Jone | as amalía | MIDDLE | 4) Minus |
| 0 16 | | AS DECEASED EVER IN U.S. AR | | | ADDRESS | OTHIANS |
| Y | [7] | S, NO OR UNKNOWN) (IF YES, GIV | 217-16- | 3604 Kalph W. | Miano 4717 0 | Uhamba Ave |
| 1 | | PART I. DEATH WAS CAUSE | ally one cause per line for (a), (b), a D BY: TE CAUSE (a) | 0 - 0 - 1 - | arrest. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 0 to 0 | | 174041E 0 771 | DUE TO, OR AS A CONSEOL | JENCE OF | | |
| roum | | Conditions, if any, which gove rise to immediate | 1 Septic | . shock | | |
| office | | cause (a), stoting the underlying cause last | DUE TO, ORAS A CONSEOU | venus and Leg | rivnella inte | chins, |
| e Shalu | N N | PART 2 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION G | EIVEN IN PART Tra |
| a buo | CERTIFICATION | 9a DATE OF OPERATION | 196. CONDITION FOR WHICH | HOPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF Y | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? |
| 144 | ERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 121¢ HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY IN ITEM II | YES NO |
| - 1 2 H | | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | (Elafer instance of this with the same | |
| or Item | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| prked | Σ | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY OFFICE, | FARM ETC) SIRECT | (II) OX 10444 | 31410 |
| is mo | | | tal) attended the deceased from. | 19-85 , 19 | | , 19_ 5 , that (l) (we) last |
| t. of | | | 1) view the body after death. | | deoth occurred an the date and h | |
| te Dep | | 226. SIGNATURE Chipe | S Shows | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 224. DATE SIGNED |
| should be de with the Stot | | ONKAR. | S BHOWE | 4 - 22e ADDRESS | and Cutherin | Hosp Balto. |
| \$ \$ <u>\$</u> | 3a Bi | JRIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | (100) |
| | | Burial | 7/13/85 | Pleasant Rent Ce | | |
| 60M 7/B4 | 4 FU | Wmme C March I | F/H 1101 Es | North Ave. 250. DA | TE REC'D. BY REGISTRAR 256, REGI | STRAR'S SIGNATURE |

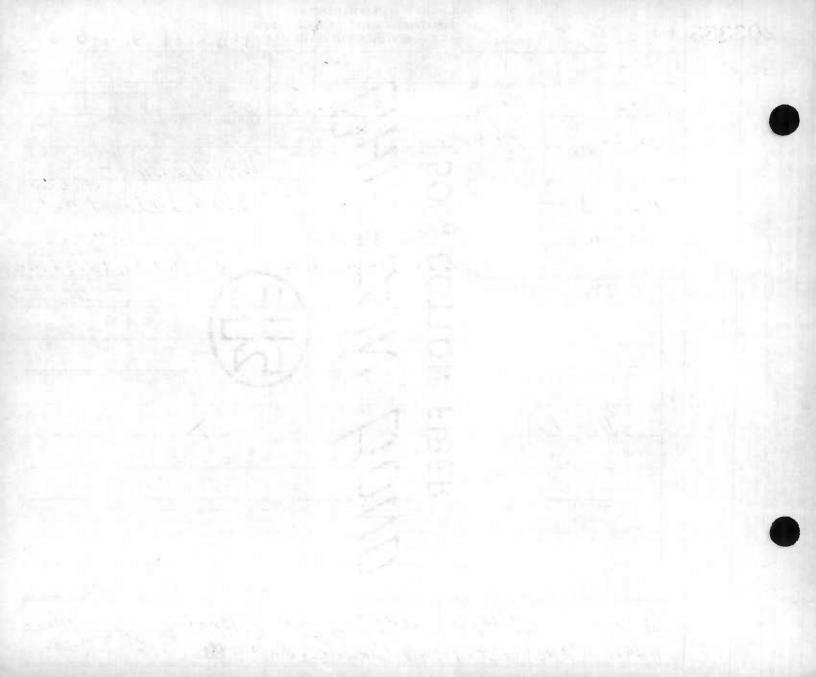
DHMH - 16 60M 7/84 (VRA 15, 4)



| | | | | | | TE OF MARYLAND | | | | |
|--|--|-----------|--|--------------------------|-----------------------------|--|--|-----------------------|--------------|---------|
| 20 | 7093 | 1- | FOR SHATE | | | HEALTH AND MENTAL H | | | | |
| | 15 | + | REGISTRAR | ME | DICAL EXAMIN | IER'S CERTIFICATE O | | REG. NO. | 4 6 | |
| | 1 | | CEASED NAME FIRST | | WIDDLE | LAST | Ze. DATE KNO | HINOM X NWC | DAY YEAR | 2h HOUR |
| - | May 12 H | 1000 | Ruth | | J. | Jones | OF ES DEATH MA | TED 7/ | 19/19 85 | |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN DEATH'S NECESSARY, PLEASE EXECUTE THE CERTIFICATE WHETHING THE WORD "PREMISE" IN PREMISE. IN FRACE, IN THE MEDICAL EXAMINER: THE CERTIFICATE WHEN MY PROPRIED THE WORD "PREMISE THE SHOULD BE SOON OF THE MARKET A SHOULD BE SOON OF THE MARKET AS A SHOULD BE | ASESE. | 1. SE | | S. DATE OF BIRTH | | ARS IF UNDER TYR. IF UNDER | R 24 HRS. 2c DATE | HTMOM | DAY YEAR | 24 400 |
| | NA SER | F | emale Black | Oct. 27 | 1933 51 y | Moleting BATS HOURS | MIN. PRONOUNCED | | 0/ 05 | 1.2:4 |
| alex. | ASSES - | 100 | ILTHPLACE IMATEOR | 7b. CITIZEN OF W | | RS. | | 7/1 | | I A N |
| • | STATE OF THE PERSON OF THE PER | 10 | meioricountry) md. | U.S. | A. | MARRIED NEVER MARR | RIED | more City | | WE |
| | 2988 | pec | TY OR TOWN OF DEATH | | SPITAL, NURSING HOM | E, OR OTHER INSTITUTION | 12a USUAL OCCUPATION FOR MOST OF WORKING | | OR INDUST | |
| | 357 27 8 | 1 | Baltimore | | | al Shock Trauma | | 20.0 | | tore |
| - | 0 10 00 00 | | AL RESIDENCE (IF IN NURSING HOM | OR CITHER INSTITUTION, G | IVE RESIDENCE BEFORE ADMISS | ON) | | 1 | 2000 | 100 |
| 2120 | 1 | | Md. H | WARD | Ellicott Ci | YES NO NO | 1 9 2 1 | MANOR I | LANC | 9 |
| 暑 | E-808/2 | PCF. | ATHER'S NAME | MIDDLÉ | g LAST | 15. MOTHER'S MAID | EN NAME MIDDLE | | LAST | |
| 2 | # # # # # W | 1 | Henry | | Lee | MARC | ARRet | Tr | MAS | |
| W OW | A NOSA | Har | VAS DECEASED PVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GI | RMED FORCES? | 16b. SOCIAL SECURIT | Y NO. 17. INFORMANT | | DDRESS | | - 1 |
| IALT | S. A.F. | | NO - | VE WAR ON DATES! | 213 36 3 | 822 Edward | Lee E | Micott (| rity 1 | nd. |
| 3 | Zew Fig | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS | only one cause per line | e far (o), (b), and (c).) | | | | SETWEEN ONSE | |
| Z | A PER | | | IATE CAUSE (a) | Sì | not gun Wound to | Thigh | | | MENT |
| ST. | N A A S A S A S A S A S A S A S A S A S | | | DUE TO, OF | R AS A CONSEQUENCE | OF | | | 160 13 | 3 = 1 |
| # | ELENATE | | Conditions, if ony, which | | | | | | | |
| 3 | NAME TO | | cause (o) stating the unde | | R AS A CONSEQUENCE | OF | 200 E | | | - |
| 20 | NAME NA | 160 | lying couse lost. | (4) | | | | | 100 | |
| 8 | AND A EXP | 1 | PART 2 DINER SIGNIFICANT CONDITION | NS CONTRIBUTING TO DEATH | BUT NOT WELLTED TO THE TERM | IINAL DISEASE OR CONDITION GIVEN IN PA | MAY 1 | | | |
| 0 | E HA | z | | To the second second | THE PERSON NOT THE PERSON | THE BISCASE OF COMPILION DIVER IN LY | 4RT 1 (Q1) | | | |
| REC | 38 4 4 D 7 | IFICATION | 190 DATE OF OPERATION | 19h COND | ITION FOR WHICH OPEN | ATION WAS PERFORMED? | | | 20. AUTOPSY | 2 |
| Z. | PAR PROPERTY OF THE PARTY OF TH | 15 | | 170 0010 | THE TOTAL THE TOTAL | THE TENT OWNED. | | | | |
| 5 | | E | 210 EXTERNAL CAUSE WAS | 21b. TIME O | E (N.H.IDV | Tal. How him by occurre | | | YES 💢 | № □ |
| 0 | 241386 | N O | UNDERLYING TOOR | HOUR A.A | M. MONTH DAY YEAR | 21c. HOW INJURY OCCURRI | ED (ENTER NATURE OF INJURY II | TIEM 18 PART TOR PART | (2) | |
| ō | CERTFICATE S TING THE WO AED TO THE C 3 SHOULD BE DEPARTMENT PRIOR TO BU | | CONTRIBUTING CAUSE OF | | | subject shot | | | | |
| 5 | SE S | MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE | STREET FAC | OF INJURY (AT HOME, | 21f LOCATION STREET | CITY OR TOWN | COU | NTY | STATE |
| ٥ | A A B A B B B B B B B B B B B B B B B B | 1 | AT WORK AT WORK | X r | oadway | Manor Lane S. | | , Ellicot | t City, | , Md. |
| | D ST P | | 220. I certify that I toak cha | rge of the remains de | scribed above held on | Autopsy X Inspectio | on , Inquiry | and in my api | nion | |
| | FICATE FICATE FICATE FICATE FINE FINE FINE | | | tural causes . | | icide , Homicide X, | Undetermined monne | | | |
| • | EXAMI CERTIFI CERTIFI DIREC WITH WARYL | | A. | • • | 1/ | TITLE (SPECIFY) | Ondetermined monne | <u> </u> | | |
| • | SOUTH S | | ACTUAL SIGNATURE | And III | ~ Yhoell | MDAssistant | | DATE | 7/19/ | /85 |
| | LEDICAL A SHOREAL MORE, MORE, | 1 | SKINATURE STATE | The state of | FL 1 ST CO | M.D.T.BBIBCATTC | MEDICAL EXAMINE | R SIGNED | , ,, 257 | |
| | MEDICAL ECUT THE GE 4 SHO FUNERAL TER DEATH LUMORE. | 1 | EXAMINER'S NAME (TYPE OR PRINT) Mar | garita A. | Korell, M. | D. ADDRESS] | 11 Penn St. | | | |
| | DAY DAY - | 73a B | URIAL, CREMATION, REMOVAL | | | METERY OR CREMATORY | | | | |
| 07. | 00 | 4 | Burial | 7-22-0 | - 0.1 | Park Care 1 | 23d. LOCATION CITY OF TOWN | 11) COUNT | Y 1 ST | mi |
| 07/84 25M | BP | 24. F | UNERAL DIRECTOR | 1-47-8 | S DUShy | PARK CEMETERS | REC'D. BY REGISTRAR 12 | Sb. REGISTRAR'S SIG | GNATURE | 10 |
| | DHMH - 17 | 14 | this 411 7/2. | AL ADDASS | 1 -10 0- | na 1 100 | | s. Laurice | - Jandes | - |
| | (VR A15 ME (5)) | | mon w. Mary | ne sey | reville / | na. Jul | 22 1985 | | | |



18865 The same the same and the same and the same



CERTIFICATE OF DEATH

Juchs

April 27,1898

MARRIED NEVER MARRIED

YES A

13d INSIDE CITY LIMI

15. MOTHER'S MAIDE

17 INFORMANT

Mary

Mrs Jose

21c HOW INJURY O

211 LOCATION

and that in (my) (Xr) ap

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Parkwood

DIVORCED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

John

4215 Raynar STRAVERESS)

Juchs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

21h TIME OF INJURY

21e. PLACE OF INJURY

Baltimore

166 SOCIAL SECURITY NO

215-03-7841

AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

| | 20. DATE OF DEATH | MONTH | DAY | YEAR | 26 HOL |)R |
|-----------------------|-----------------------------------|--------------|--------|----------|------------|--------|
| | July 18, | 1985 | | | 9 | PM |
| | 6 AGE (IN YEARS LAST BIRT | HDAY) | | ERIYEAR | IF UNDER | 24 HRS |
| 898 | 87 | YRS | MÖNTHS | DAYS | HOURS | MIN. |
| MARRIED - | 9 BALTIMORE CITY OF | COUNT | OF D | EATH | | |
| NORCED | Baltimore | , Cit | -y | | | MD |
| NOITUTION | 12a USUAL OCCUPATIO | NC | 12b | KINDO | FBUSIN | |
| | Retired Up | holst | ere | DUSTRY | | |
| NO [| 13e.STREET ADDRESS / 4215 Raym | ZIP CODE | re | 21 | 206 | |
| S MAIDEN NAM | | | | 7% | | |
| ary | WIDDLE | E | Budr | ick | | |
| ANT | ADDRE | SS | | 4 | | |
| Josephi | ne J'uchs | 5 | Same | As | 13e | |
| | | 1 | | APPROXI | MATE INTER | DEATH |
| rest. | | | | 100 | nen | ml. |
| | | | | 2 | da | Js |
| Xisla | il | | | 54 | us | |
| D TO THE TERM | NAL DISEASE OR CONE | DITION GIV | VEN IN | PART 1 | 2 | |
| ORMED | 20s AUTOPSY? | 20b. IF YE | S WER | F FINDIN | IGS LISE | D |
| | | IN CERTI | FYING | CAUSES | OF DEA | TH? |
| LIUDY OCCUPA | YES NO | | S 🗍 | | NO [| |
| NJORT OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM IB | PARTIO | RPART 2) | | |
| ON | CITY OR TOV | VN | | YINU | | TATE |
| 90.10 | (111 04 101 | | | ,0141 | | 1411 |
| . 19. 74 | | 7/ | 19 8 | 5 | hat (l) (| X last |
| | leath accurred on the da | | | | | |
| | | | 23 | C DATE | SIGNED | |
| ATTENDING PHYSICIAN X | MEDICAL STAF | F IAN 🗍 | | 7/19 | /85 | |

5 REG. NO. 1 9 4 6 4

riol-tronsit ental Hygie orked or IMPORTANT d b

CERTIFICATION

MEDICAL

FOR

REGISTRAR DECEASED NAME TYPE OR PRINTS

Male

To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Joseph

Canditions, if any, which gave rise to immediate cause (o), stoting the underlying couse last

190 DATE OF OPERATION

71n. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

sow the deceased alive or

27d. PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATUR

Burial

NOT WHILE

22a | certify that (1) (†XXXXX) attended the deceased from

Alan Cohen M.D.

23b. DATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Baltimore

Maryland

No

4 FATHER'S NAME

Lawrence

13b COUNTY

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to

White

76 CITIZEN OF WHAT COUNTRY

U.S.A.

- STATE

Ohio

13a STATE

3 SEX

BP DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

7/22/85

Baltimore

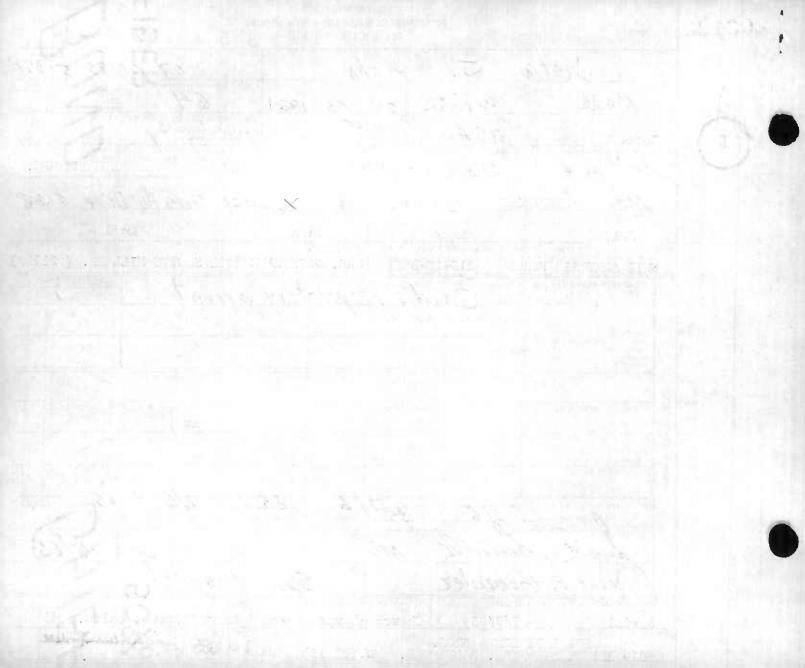
COUNTY

STATE

Union Memorial Hospital Baltimore, Md

CITY OF TOWN

23d LOCATION

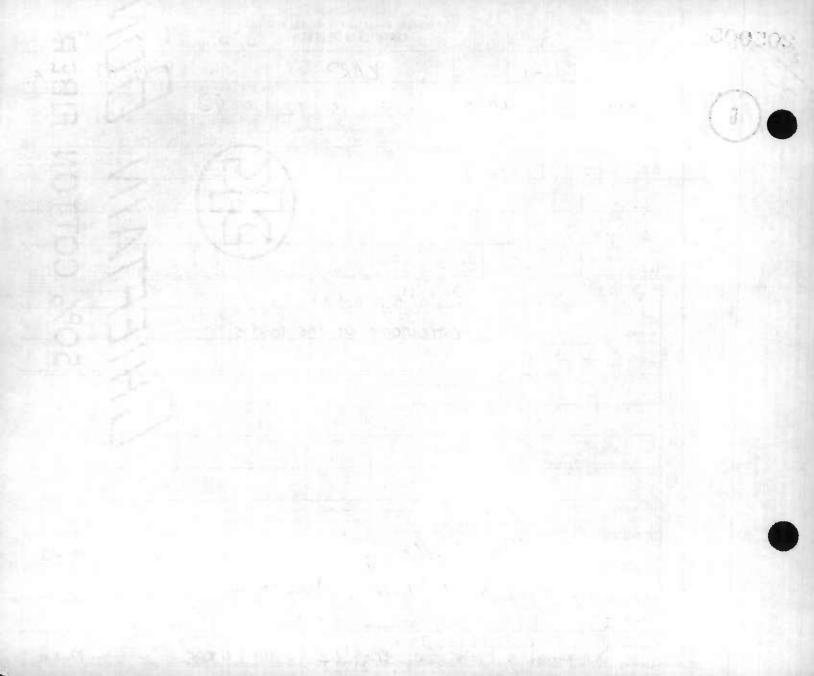


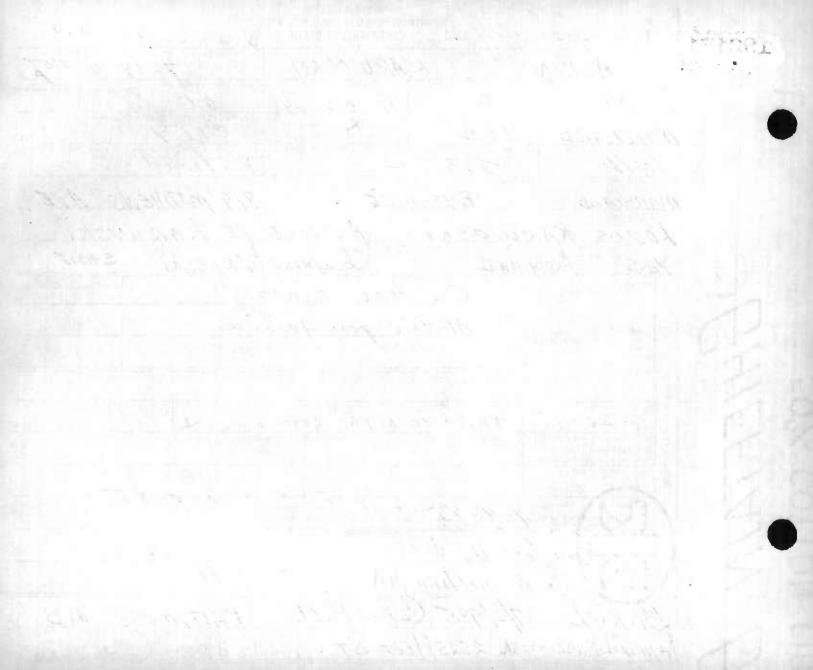
| | | | | | STAT | E OF MARYLAND | | | | |
|--|---------------|--|----------------|--------------------------|----------------|------------------------------|---|--------------------|----------------|----------------------------------|
| | 1 | FOR | | DEPART | MENT OF H | EALTH AND MENTAL HYG | IENE | 9 64 | 4 | 4 4 |
| 212115 | 1 | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 5 REG. NO | , 1 7 | to the | 5 0 |
| | 1. DÉ | CEASED NAME FIRST | | MIDDLE | · · | AST | | MONTH DA | AY YEAR | 2b. HOUR |
| deoth deoth | TYPE | DOLORES | A | / | AI | VE | 1/0/4 | 28,1 | 585 | 900 An |
| a b | 3 SE | Female | I. RACE Cau | casian | 5 DATE C | | 6 AGE LINYEARS LAST BIRT | | FUNDER I YEAR | IF UNDER 24 HRS |
| age 4 | | Mule | Clu | ue | NONTH | 1 16 16 | 65 | YRS | | HOURS MIN. |
| 2 P P P | | RTHPLACE (STATE OR FOREIGN) | L CITIZEN OF | WHAT COUNTRY? | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY O | OF DEATH | |
| Georgian 7 | | MD | USA | | WIDOWE | | Baltimo | re Cit | У | MD. |
| oy the fu | | | (IF NOT IN SUC | CH FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF | WORKING LIFE) | INDUSTRY | F BUSINESS OR |
| y the first | | Baltimore AL RESIDENCE HE NURSING HOME OR O | | ercy Hosp | | | Secretar | | Engine | eering |
| 24 ho | 130.5 | TATE MD | | Baltimo | /N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / 617 Lucia A | ZIP CODE Avenue | 21229 | |
| tely 2 sh | 14. FA | THER'S NAME | 440 | | | 15. MOTHER'S MAIDEN NAM | WE | | | |
| Par Stock | | Antone | NODLE | Janos | | Mary | MIDDLE | | Zelei | nka |
| dicol | 160 V | VAS DECEASED EVER IN U.S. ARA | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | SS | | 40 414 |
| Poo e | | NO | | 218-03- | | Joseph M. Kar | ne; 617 Luc: | la Ave | | |
| (8) | | 18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE | BY: | Resi | ner | tern Fa | elus | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 101 | | IMMEDIATE | | R AS A CONSEQU | TNICE OF | | | | 1 | |
| 1 1 1 1 | | Canditions, il any, which | DUE TO, O | M/ //. | une | in Emn | horam | | 1 46 | Elens |
| 2 225 | | gave rise to immediate cause (a), stating the | DUE TO O | R AS A CONSEQU | ENICE OF | 1 | 12.00 | ~ | | tall an |
| 1 4 5 6 A | 1 | underlying cause last. | (c) | CHRUI | | Obehuchi | e Pulmer | nary | Desei | yeurs |
| domination of the state of the | z | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION CIVE | N IN PART 110 | |
| 1 1 1 7 7 | CERTIFICATION | 19a DATE OF OPERATION | TIGH COND | ITION FOR WHICH | OBERATIO | N WAS PERFORMED | 200 AUTOPSY? | TALL IE VEC | WERE FINDIN | ICC USES |
| 1. 11114 | FIC. | THE DATE OF CHANGE | THE COIND | more or writer | OFERATIO | WAS FERI ORMED | | IN CERTIFY | ING CAUSES | OF DEATH? |
| #8 1168 \ | ERT | 71a. ACCIDENT WAS UNDERLYING | 71b. TIME C | E IN II IPY | | 71c HOW INJURY OCCURR | YES NO | YES | | NO 🗆 |
| NA THE WAY | | OR CONTRIBUTING CAUSE OF DEAT | HOUR A. | M. MONTH D. | | THE HOW HASOKI OCCORR | LENIER NATURE OF INJUR | TIN TEM 18 PAR | IT I ORPART 2) | |
| X 2 5 5 5 4 / | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P. | | 19 | THE LOCATION | | | | |
| Of Physical Control of the Control o | MEE | WHILE NOT WHILE AT WORK | 71e PLACE | REET, FACTORY, OFFICE F | ARM, ETC) | TIL LOCATION STREET | CITY OR TOV | 111 | COUNTY | STATE |
| NON A STATE OF STATE | | 22a. I certify that (1) this house | | | 200 | 19.197 | | 28 19 | 185 | that (In Contact |
| 10 C C C C C C C C C C C C C C C C C C C | 1 | sow the deceased live an above (1) an (did) different | July the body | alter death. | 7> ar | nd that in ((our) apinion o | death occurred on the do | te and hour | and Irom the o | auses stated |
| S P P P P P P P P P P P P P P P P P P P | | 776 SIGNATURE | /// | 11.0 | 1. | DEGREE | MEDICAL STAF | F | 22c. DATE S | SIGNED |
| ITAL by fl RAL RAL State | | 776. PHYSICIAN'S NAME (TYPE OR | ce | inge | 111 | PHYSICIAN PHYSICIAN | QIRECTOR PHYSIC | AN 🗌 | 11/2 | 01.20 |
| TO HOSPITA retained by TO FUNERA should be d with the Sta | | A Colfi | LEN | 12340 | 51 | us 3018 | of Par | 1 MG | are 1 | Balk in |
| 5 5 5 3 Z | 23o E | URIAL, CREMATION, REMOVAL | 236 DATE | 23c 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| BP | | Burial | 08/01/ | /85 G | Veter rriso | rans Cemetery n Forest | CITY OR TOWN | Balt | county | STATE |
| DHMH - 16 60M 7/B4 | 24. FU | INERAL DIRECTOR | | | | 25a DATE | REC'D. BY REGISTRAR | Sh, REGISTR | AR'S SIGNATI | JRE |
| (VRA 15, 4) | t | TUBBAROFUNE | RHC H | one H | 07 W1 | LKENSATE -11 | 11 2 9 1985 | 1 | 10 Caral | Andell. |

CONTRACTOR OF THE PROPERTY OF

Balto., Md.

Brehms Lane,



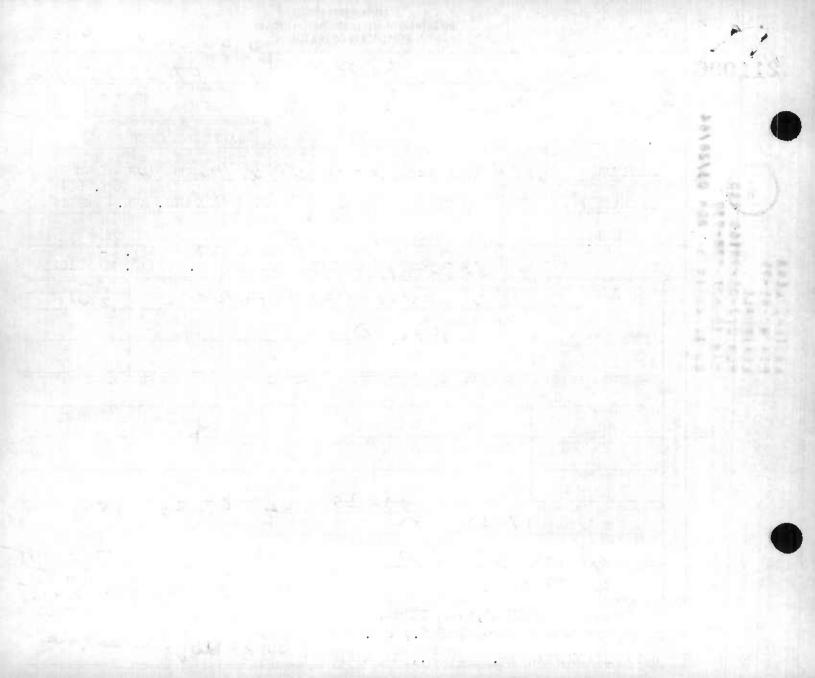


BALTO., MD

21215

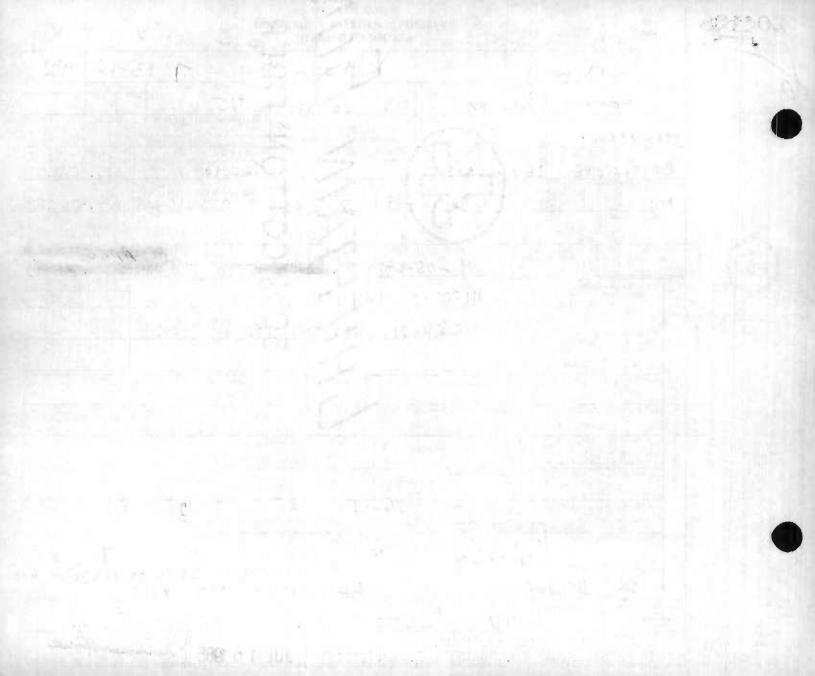
6010 REISTERSTOWN RD.

(VRA 15, 4)



6010 REISTERSTOWN RD., BALTIMORE., MD. (21215)

(VRA 15, 4)



FOR

- STATE

REGISTRAR

NOT WHILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 5 | REG. N | 10. | 9 | ang. | 1 | | |
|----|--------|-------|-----|------|-----|------|--|
| OF | DEATH | MONTH | DAY | YEAR | 2 b | HOUR | |

17h. KIND OF BUSINESS OR

INDUSTRY

| DECEASED NAME YPE OR PRINT) | FIRST | MIDDLE | LAST | | | 20 DATE OF DEAT | TH MONTH | DAY | YEAR | 26 HOU |)R |
|------------------------------|--------------------|-------------------|--------------|----------|-----------|--------------------|--------------|---------|--------|----------|--------|
| | EDNA | RUTH | KEARI | NEY | | 1994 | 7-30 | -19 | 85 | 6:3 | 30 A |
| SEX | 4 RACE | | 5. DATE OF B | IRTH | | 6 AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| Femal | le Wi | hite | MONTH | 27 27 | YEAR O1 | 84 | YRS. | MONTHS | DAIS | HOURS | MIN. |
| BIRTHPLACE (STATE C | OR FOREIGN 76 CITI | ZEN OF WHAT COUNT | RY? 8 | NEVERA | AARRIED - | 9 BALTIMORE CI | TY OR COUNT | Y OF DE | ATH | | |

Virginia WIDOWED DIVORCED Balto. City NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE Balto. Church Hosp. Homemaker

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
138. COUNTY
138. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Md. Balto. 304 E. Lafayette Ave. 21202

15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Lula Bell Thompson Josh

166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 492-14-0422 Robert E. Brankenship 304 E. Lafayette Ave. NO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF SEPSIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. GANGRENE OF FOOT AND INFECTED DECUIBTI

PERIPHERAL

CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 28n AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOIX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE

10 19.85

sow the deceased olive on JULY obove, (I) (We) fold) (did not yew the body after death opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

CAROL S. RAMSEY D.O.

22e ADDRESS CHURCH HOSPITAL CORP. 100 N. BROADWAY BALTO, MD. 21231

23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 8/8/85 BURIAL New Cathedral Cem. Baltimore, Mdale

24 FUNERAL DIRECTOR Wm CAMMarch F/H, Inc. 1101 PRE North Ave.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE warington-Randell

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

MPORT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12n USUAL OCCUPATION

INDUSTRY

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| 1. DECEASED NAME | FIRST | MIDDLE | | LAST | | 20 DATE OF DE | HINOM HIA | DAY | YEAR | 2b. HOL | |
| , The Okrajatj | MARY | JANE | KEENE | | | | JULY | 18 | 1985 | 5:1 | 5 A |
| 3. SEX | | 4 RACE | | 5. DATE OF BIRTH | | 6. AGE (IN YEARS | LAST BIRTHDAY) | IF UN | DER 1 YEAR | IF UNDER | 24 HR |
| Fema | 10 | Black | | | 7-1903 | | 81 YR | MONTH | DAYS | HOURS | AIM. |
| | E OR FOREIGN | 76 CITIZEN OF WHAT | COUNTRY? | 8. MARRIED NE | | 9 BALTIMORE | TITY OR COUN | NTY OF I | DEATH | | |
| Md | | 71.5,1 | 9. | WIDOWED | DIVORCED [| BALTIMO | RE CITY | Z | | | 1 |

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF N III ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

MIDDLE IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES

IMMEDIATE CAUSE (0)_ Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.

DUF TO OR AS A CONSEQUENCE OF RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE

CARDIAC ARREST

85

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

24 hrs Years

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5 minutes

126 KIND OF BUSINESS OR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

| ENTEROCOCCAL | ENDOCARDITIS. | VALVULAR | HEART | DISEASE | |
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190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NIA NIA 216. TIME OF INJURY N/A 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

July 18

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW

LIF EITHER, NOTHY MEDICAL EXAMINATION P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE

211 LOCATION

CITY OR TOWN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

COUNTY STATE

saw the deceased glive an July 18 abave (Michael Michael Micha 226 SIGNATURE MD

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Eleanore M. Ebert 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

DEGREE

Union Memorial Hosp,

DHMH - 16 50M 4/83 (VRA 15, 4)

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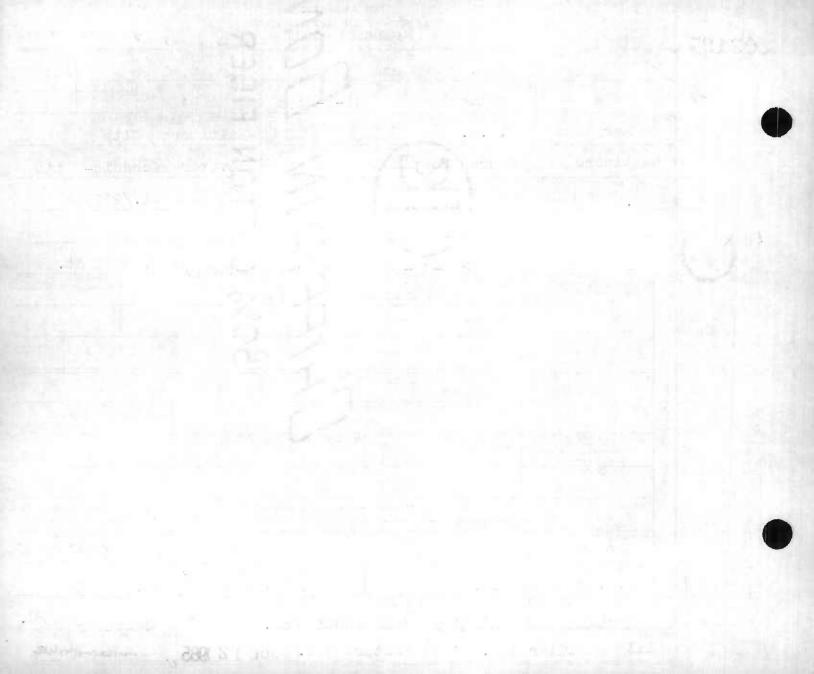
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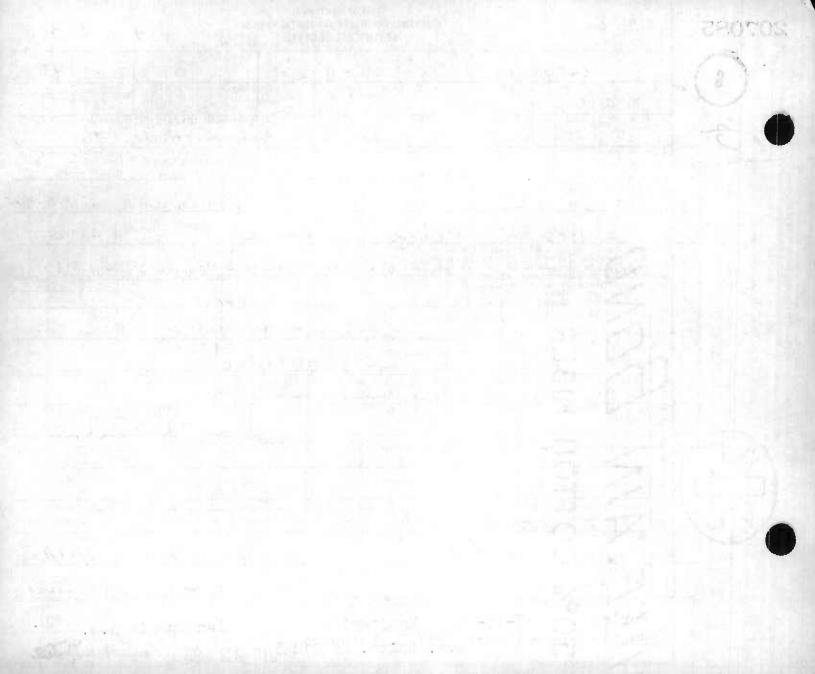
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| 7 | TIFICA | 19a DATE OF OPERA | TION | 19b. CONDI | TION FOR WHIC | CH OPERATION | N WAS PERFORM | ED | | 37 | IN CERTIFYING | CAUSES OF | DEATH? |
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| | | 22d. PHYSICIAN'S N A.F. N | | R PRINT) i, M.D. | S | in | 27e ADDRESS | Chu | medical director director Hoadway, | spi | AND | 7//0 D 212 | 31 |
| | 24 FL | URIAL, CREMATION SPECIFY) Burial JNERAL DIRECTOR | | 236 DATE 7/1 | 3/85 | Holy | emetery or cre Rosary | Cem. 250. DATE | 23d LOCATION | ON | Balt: | imare | Ma. |
| | L | illy & Z | eile | r Inc. | 190155 | Easte | ern Ave | . 10 | L121 | 985 | , when | doon 1/3 | ndelle |



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| | DING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be a retending physician. | After this certificate has been signed by the attending physician and completely filled in by the Anerth directions of the busidistransis permit. Then please remove carbon papers. Pages I and 2 should be filed with Ashou |
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| 07085 | 1- | FOR STATE REGISTRAR | DEPARTI | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE B REG. NO. | 9 4 7 4 |
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| age 4 mc | 3 SE: | male | 4. RACE White | 5. DATE OF BIRTH MONTH DAY YEAR 10 24 02 | 6 AGE (IN YEARS LAST BIRTHD | MONTHS DATS HOURS MIN. |
| d of other | (| OUNTRY A USA TY OR TOWN OF DEATH | 76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN | MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED | 9 BALTIMORE CITY OR C | noic City MD. |
| hours offer be filed w | | BALTIMORE AL RESIDENCE (IF NURSING HOME OF TATE 1136 COU | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE 13. CITY OR TOW | are General Hosp. | (TYPE OF WORK FOR MOST OF W | |
| within 24 efely filled 3.2 should mine also | | THER'S NAME FIRST | | N 13d INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA | | save BALTO, Madizza |
| be executed with | | Charles VAS DECEASED EVER IN U.S. AR JES NO OR UNKNOWN) (IF YES, GT | MED FORCES? 166 SOCIAL SECU | | e_ ADDRESS | H ARTZEL ST, BAIRO, Md 21230 |
| ires that the death certificate gned by the attending physic in please remove corban pape burial, cremation, or removal ry, or other traumatic event, it | 119 (2.5) | Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost. | DUE TO, OR AS A CONSEQUE (b) Concess DUE TO, OR AS A CONSEQUE (c) CON | - putomonary ENCE OF. ENCE OF ENCE OF TAGE RENAL FA DEATH BUT NOT RELATED TO THE TERM | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FOR GIVEN IN PART 1(0) |
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| AL OR ATTEND I the hospital of AL DIRECTOR: A Setached for use of Dept. of Heal | | saw the deceased alive an | au Marty | DEGREE ATTENDING PHYSICIAN | death occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIAL | and hour and from the causes stated 22c. DATE SIGNED 7/7/85 |
| TO HOSPITAL retoined by th TO FUNERAL should be det with the Store IMPORTANT: | 23a B | ANA MATLA MA | ппрегмо | 270 ADDRESS 300/ S-HAIN NAME OF CEMETERY OR CREMATORY | 23d LOCATION | more, Md 21230 |
| BP DHMH - 16 50M 1/81 (VRA 15, 4) | 24 5 | Burial ECLITY Funer | 7-19-85 Meal Home Ave 3.7B | eadowridge Ento: Md 292251 | Glen Bur E REC D. BY REGISTRAR 236 | |



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| 8 68 | 7a. BI | | | ? 8 | _ | 9 BALTIMORE CITY OR COUNTY O | OF DEATH |
| 72 22 | | OUNTRY) | | MARRIE | | Baltimore City | |
| ed of | 10 C | | 11. NAME OF HOSPITAL, NURSI | ING HOME | | 12a USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| S officed y | | Baltimore | | | | (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker | Own Home |
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| OR ATT DIRECT DORECT Dopt. of Hem 2 | | obove, (I) (we) (did) (did no 22b. SIGNATURE | ot) view the body ofter death. | | DEGREE | | 22c DATE SIGNED |
| the other of the other of the Double of the Double of the Double of the Double of the Other othe | | mugeu. | 7 your | Ш | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 14/8/81 |
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| | | Dr. William | F. Fritz, MD | | 2 W. Unive | ersity Pkwy., Ba | alto., MD |
| 0 % 0 % ¥ ₹ | 23a E | URIAL, CREMATION, REMOVAL | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY |
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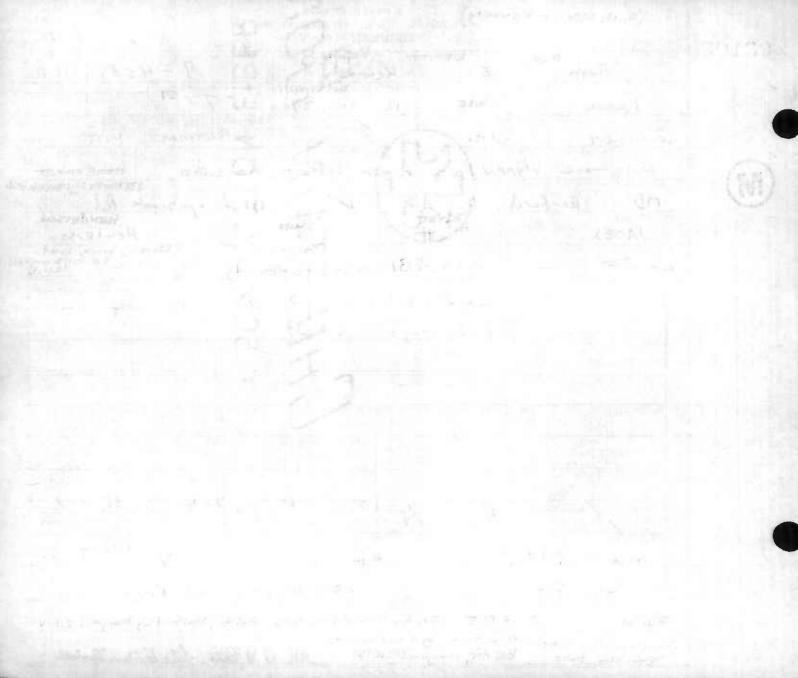
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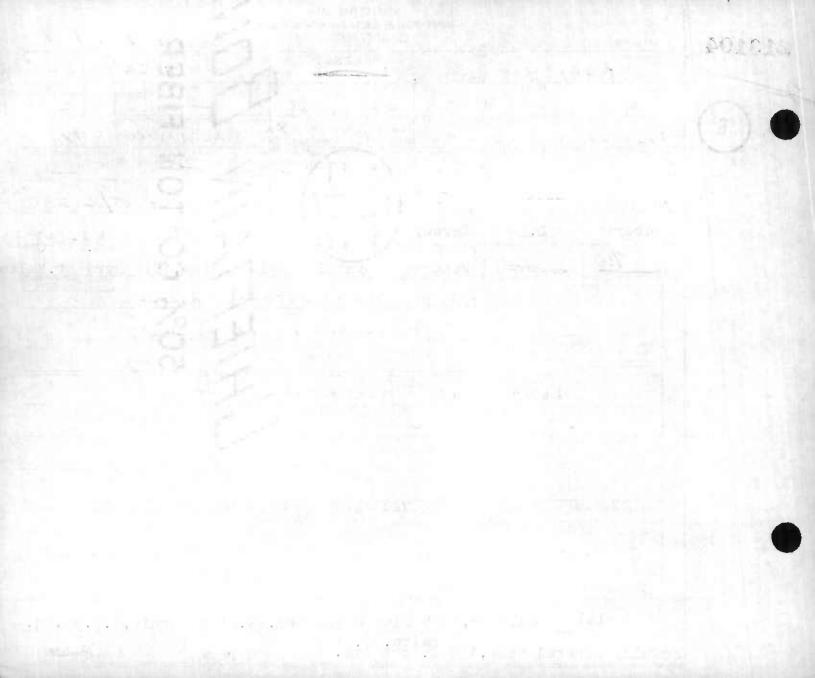
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STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

Cremation Society of Maryland Inc.

DHMH - 16 50M 4/83

(VRA 15, 4)

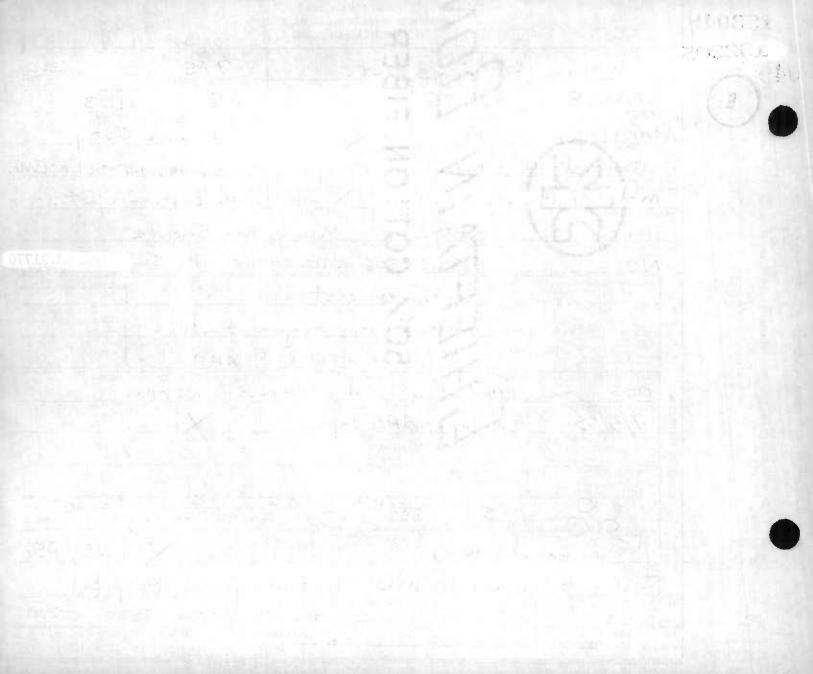
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| 0. 37. | LIYPE | CEASED NAME FIRST | MIDDIE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
| o o o | | William | W. Neys | or. | 1/5/8 | S C+2:143 |
| E O | 13°5E) | MANIE | RACE \a (/a) TC | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATE HOURS MIN. |
| 8 200 | 2 01 | IVIALE | VVIIIE | 2 P P 16 | 68 YRS. | 11 23 |
| | A G | RTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTRY? | MARRIED . NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| deo deo | 10.01 | TY OR TOWN OF DEATH | NAME OF HOSPITAL NURSIN | WIDOWED DIVORCED DIVORCED | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
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| alled uld b | | RYLAND BALTI | | CGHLANDS IN SIDE CITY LIMITS? | 3812 Baltin | DE ST. 2122 |
| thin the | | THER'S NAME | | 15. MOTHER'S MAIDEN NA | ME CALLER | 1810 01. 2122 |
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| d con | 16a V | VAS DECEASED VER IN U.S. ARMI | | IRITY NO. 17. INFORMANT | ADDRESS | |
| n ond Pogi | (1 | (IF YES GIVE V | VAR OR DATES] 215-05 | -3806 William Key | ys, Jr. 4799 Mid | County Ct. 21770 |
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| ding ding his ce burn Men | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | and the same | COUNTY STATE |
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| OR A ched ched ched them | | 22b. SIGNATURE | ٨ | DEGREE | | 17c. DATE SIGNED |
| Y the RAL D detoclate D LT. IF | | 11 Xchiman | de mo | | MEDICAL STAFF DIRECTOR PHYSICIAN | 1/5/85 |
| HOSPITAL uned by the FUNERAL uld be dete he the State ORTANT: I | 10 | 12d PHYSICIAN'S NAME (TYPE ORP | R(NT) | 22e ADDRESS | | |
| TO HOS should with the | | Jettrey H.S. | | | | ospital |
| | 230 B | URIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | Howard Maryland |
| BP | 24 5 | Burial | July 8,1985 M | Meadowridge Mem. Pa | th prikrade i | TOWALL PIALYTAIN |
| DHMH - 16 60M 7/84 | H | ubbard Funeral H | lome, INC. 410755 W | Vilkens Ave. 21229 | 11 8 1985 | IKAK S SIGNATURE |

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND 211081 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 28 DATE OF DEATH MONTH (TYPE OR PRINTS 1:10 PM Kina 20 85 Bernice 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR AONIHS DAYS Black Female 07 YRS To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore leasant Manor Nursing Cente**r** USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 701 N. Arlington Ave Md. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN HE YES, GIVE WAR OR DATEST 213-16-6964 Pleasant Manor Nursing Center APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) edux Hourster Hear decision Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19n DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 214 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE, FARM, ETC) STATE NOT WHILE WHILE ATWORK 22a. I certify that (I) (thus haspital) attended the deceased from uly saw the deceased alive an abave, (1) (we) (did) (the ho) and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING FUNERAL old be deta DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS MPORT 23g BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

| L | - STATE | | DEPARTA | | REALTH AND MENTAL HYG | HENE | | |
|---------------|---|------------------------|----------------------------|------------|-------------------------------|--|---|--------------------|
| 1 | REGISTRAR | | | CERTII | ICATE OF DEATH | REGINO. | 1 9 | 0 8 3 |
| | DECEASED NAME FIRST | | MIDDLE | | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR 5/1 |
| 1 | | HYLLIS | C., | | KIRKLAND | 07 | 16 85 | ココニ |
| 3 5 | | 4 RACE | | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | |
| 4 | Female | Bla | ck | MONT 4 | 19 32 | 53 YR | MONTHS DAYS | S HOURS MIN. |
| 70 | BIRTHPLACE (STATE OR FOREIGN | | F WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COU | | |
| 1 | GA | | USA | WIDOW | DXX NEVER MARRIED | BALTIMORE CI | TV | MD. |
| 10 | CITY OR TOWN OF DEATH | 11. NAME O | F HOSPITAL, NURSIN | G HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND | OF BUSINESS OR |
| ١, | AT TIMODE | / | HNS HOPKIN | | CDTTAI | TYPE OF WORK FOR MOST OF WORKIN | IG LIFE) INDUSTRY | Y |
| # Jefs | ALTIMORE UAL RESIDENCE (IF NURSING HO | ME OR OTHER INSTITUTIO | N GIVE RESIDENCE BEFORE | ADMISSION) | | | | |
| 3 the | | BUNTY | 13c City OR TOW | N | YES NO K | 13e.STREET ADDRESS / ZIP CI P.O.BOX 791 | ODE 211 | 1.6 |
| 14 | MD FATHER'S NAME | , , , | Severna | | 15 MOTHER'S MAIDEN NA | | 211 | 40 |
| Y | FIRST | WIDDLE | LAST | C- | FIRST | WIDDIE | Dennes | AST |
| 2 160 | WAS DECEASED EVER IN U.S | | nningham, | | Leonye 17 INFORMANT | ADDRESS | Borroc | ļus |
| - | (YES, NO OR UNKNOWN) | S. GIVE WAR OR DATES) | | | | J D O D 70 | , | |
| \vdash | No | | 578-48- | | Joe E. Kirkia | and P.O. Box 79 | | TYMAN TE INITEDIAL |
| | 18 CAUSE OF DEATH (Ent | BETWEEN | NONSET AND DEATH | | | | | |
| | IMME | | 0 | | | | | |
| - | | e DUE TO, | OR AS A CONSEQUE | | NOT RELATED TO THE TERM | the brain | GIVEN IN PART | lto |
| CERTIFICATION | Deep Ve | 196 CON | nombesis | OPERATIO . | 65 WULTIVE (| | YES, WERE FIND RTIFYING CAUSE YES | |
| 7 8 | 210. ACCIDENT WAS UNDERLYIN | | OF INJURY | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN HEM | hand . | |
| 45 | OR CONTRIBUTING TO CAUSE | OF DEATH | A.M. MONTH DA | AY YEAR | 1 | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLAC | E OF INJURY | | 211. LOCATION | CITY OR TOWN | COUNTY | STATE |
| Z | WHILE NOT WHILE I | [AT HOME | STREET, FACTORY, OFFICE, F | ARM ETC) | STREET | CITYORTOWN | COUNTY | STATE |
| | 22a. certify that (I) (this | hospital) attended | the deceased from | 7/ | 1/34 10 85 | 5 to 7/16 | 1985 | that (I) (we) last |
| | saw the deceased aliv above, (I) (we) (did) (d | | | 35. | nd that in (my) (our) apinion | death occurred on the date and | hour and from th | |
| | 22b SIGNATURE | id not view the boo | dy ofter death. | | DEGREE | | . 22¢ DAT | TE SIGNED |
| | Ainus 7 | n Jan | 1 2 1 2 1 1 | mas | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 1 71 | 16/85 |
| Н | 22d. PHYSICIAN'S NAME (| TYPE OR RRINE) | VICENCE. | OVUI | 22e ADDRESS | J DIRECTOR () PHITSICIAN (| | 4100 |
| | DIANE | M. FA | RINEAU | | Johns Hope | kins Hospital | Baltir | nore, MD |
| 230 | BURIAL, CREMATION, REMO | VAL 236. DATE | 23€. ↑ | NAME OF (| CEMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| | Burial | 7/20/ | 85 Sur | nset | Memory Gardens | Florence | Co. | S.C. |
| 24 | FUNERAL DIRECTOR | E /11 33 | 01 5 4000000 | | | E REC'D. BY REGISTRAR 256. REC | | |
| | Win C. March | a F/H II | UI F. WAT | th Av | e. | UL 2 2 1985 | | -vandable. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

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230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE Burial Holy Redeemer Cemetery-Baltimore. Baltimore St.; Balto., Md. 21224 DHMH - 16 60M 7/B4 (VRA 15, 4)

IF UNDER I YEAR

INDUSTRY

126 KIND OF BUSINESS OR

Homemaker

NO F

STATE

COUNTY

22¢ DATE/SIGNED

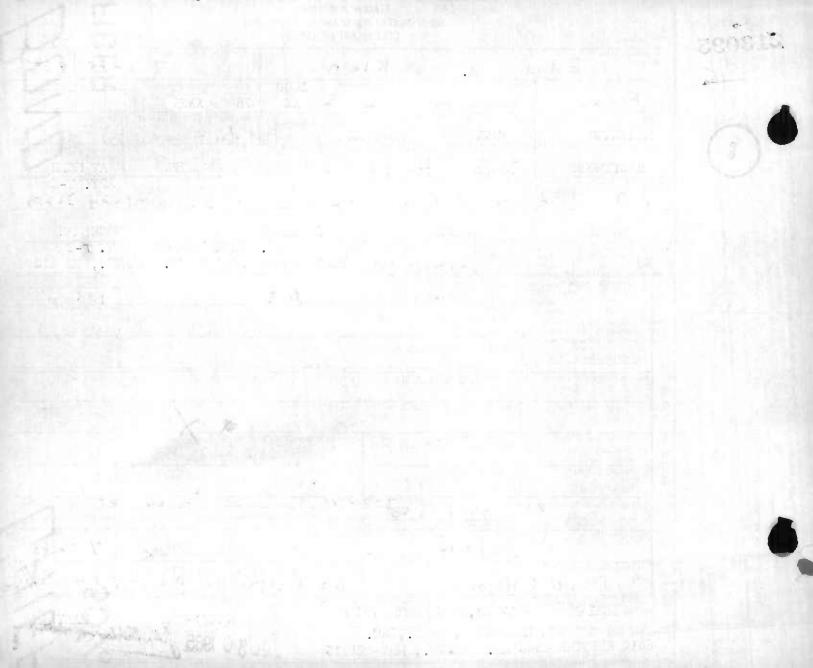
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21215

(VRA 15, 4)

STATE OF MARYLAND



| 221112 | | 1- | FOR STATE REGISTRAR | | DEPARTA | AENT OF H | EALTH AND MENTAL HYG ICATE OF DEATH | 65 | . 1 | 9 4 | 8 6 |
|---|-------------------|---------------|---|--------------------------------|---|------------|--|--------------------------------|-----------------|------------------|------------------------------------|
| .1/ | | 1. DE | CEASED NAME FIRST | . A | AIDDLE | 4. | AST | 26. DATE OF DEATH | MONTH I | DAY YEAR | 2b. HOUR |
| A To The State of | | (TYPE | He <u>len</u> | | V | Klei | | July | 29 | 1985 | 1:15P4 |
| 1 4 34 | 100 | 3. SE | | 4. RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | | MONTHS DAYS | HOURS MIN. |
| 8 55 | | | Female | Cauca | | 6/ | 3/18 | 67 | YRS. | | |
| 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | 5/ | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF \ | WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY | OF DEATH | |
| deat uner | 3 | | Maryland | USA | _24 | WIDOWE | | Baltimo | | | MD. |
| The H | tied . | 10. C | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN H FACILITY, GIVE STREET | | R OTHER INSTITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR |
| in by | 214 | | Baltimore | | on Memo | | Hospital | homema | ker | _ | _ |
| led in | 157 L | 130 | AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN | | 13c. CITY OR TOW | | 136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | |
| E 20 | SEZ. | _ | Maryland | | Baltim | ore | YES 🙀 NO 🗌 | 3442 Bel | air F | Road, | 21213 |
| within within d 2 s | min and | 14. FA | THER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | WE | | ŁAS | ST. |
| pempl and | 7:20 | _ | Benjamin | | Mann | | Dora | | | inknow | n |
| MOKE, e execu | medico | | VAS DECEASED EVER IN U.S. ARI | MED FORCES? E WAR OR DATES) | 166. SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRI | ESS | | |
| be e | E | 1 | 10 | | 215-28- | 7023 | Joseph Kle | in, Son, | same | as ab | ove |
| SAL oper | ovol. | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | ly one couse per | line for (a), (b), one | d (c).1 | 0 \\ | | | BETWEEN | IMATÉ INTERVAL ONSET AND DE ATH |
| onpo | emo | | | E CAUSE (o) | Lardiova | sculo | y Collapse | | | | |
| o h ce | corb or r | | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | |
| deod deod | oun oun | | Conditions, if ony, which | (ıb) | Coronar | y A | tery Diseas | x | | | |
| W. PR | other tr | | gove rise to immediate couse to), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF . Vascular Disease | | | | | | | | |
| S, 201 Jires th | buriol ury, or | 7 | PART 2 OTHER SIGNIFICANT C | CONDITIONS CO | | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART 1 | 0 |
| w requ | ony inju | CERTIFICATION | 190 DATE OF OPERATION | | | | | | | | NGS USED |
| he lo | Z ows | E | 1574 Miles C. 1974 | 2000 | | | | YES NO | | YING CAUSES | NO [|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLE NG PHYSICIAN. The low requires that the death certificate be executed within ottending physician. Ifter this certificate has been signed by the attending physician and completely as the burial-transit permit. Then please remove corbonpapers. Pages II and 2 sha | Mentol Hygie | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM TE P | ART I OR PART 2) | |
| PHYSICIA ending pl | Or th | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OR TO | NWN | COUNTY | STATE |
| VG P | hond | × | WHILE NOT WHILE AT WORK | (AT HOME STR | EET, FACTORY, OFFICE, F | ARM, ETC.) | SINCET | | | | JIAIL |
| ZDIP Ose o | s mo | | 220 certify that (I) (this hospi | tol) attended the | | با بدار | 29 , 19 85 | 10 July , | 29 | 19 8 5 | that (I) (we) lost |
| prito prito for for | 2 | | sow the deceosed olive on above, (I) (we) (did) (did no | 1) view the body | ofter death | 85_, or | d that in (my) (aur) opinion | death occurred on the d | ate and hou | r and from the | causes stated |
| OR A POS DIRECTOR | ltem | | 226. SIGNATURE Q.A. | Λ | 1 | | DEGREE | | | 22c DATE | SIGNED |
| | Z F D | | Billy | U. | say | | ATTENDING PHYSICIAN [| MEDICAL STA DIRECTOR PHYSIC | | 7/2 | 9/85 |
| HOSPITAL sined by th FUNERAL | 10 | | 224. PHYSICIAN'S NAME (TYPE) | PRINT | 0 | | 22e ADDRESS | | | | |
| TO HOSP retained 1 TO FUNE should be | P O P | | Betsy A. | Jay, M | I.D. | | Union Mem | orial Hos | p, Ba | alto, | Md. |
| 5 5 5 5 5 | \$ ≤ | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23€ № | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| BP | 1 | | Burial | 8/1/ | 85 | Holy | Redemer | Balto | | . • | |
| DHMH - 16 50/ | M 4/83 | 24 F | UNERAL DIRECTOR | | 33,3,1, 1 | Brehn | ns La | E REC'D. BY REGISTRAR | 25) REGIST | PAR'S SIGNAT | findelle |
| (VRA 15, | 4) | 5 | CHIMUNEK FUN | ERAL H | | | 1.21213 AU | G 6 1985 | 9 | | |

1 301 - 884 - 1945 - 112 - 117 to the second of the second of the school (Naudwin I - 1 kaylası n = 38,48/6 X

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR RECONO 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH -emale Couloidon BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Mnopp 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES, NO OR UNKNOWN) NONE Walter Knapp 3241 Magnolia Avenue 21227 18 CAUSE OF DEATH (Enter only one cause per live for (a), (b), and (p) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION Donn 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED. 196 CONDITION FOR WHICH ORERATION WAS PERFORMED 20a AUTOPSY? NOUVE plublen YES [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

126. KIND OF BUSINESS OR IN CERTIFYING CAUSES OF DEATH? MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE AT WORK LUI 220 I certify that (1) (this haspital) attended the deceased from. 83 sow the deceased alive an _, and that in (my) (our) opinian death accurred an the date and hour and from the causes stated above_() (we) (did) (did nat) view the bady after death THE DATESTICNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAL einerman

DIRECT be detached the State Dept FUNERAL L BP

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Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

231 NAME OF GEMETERY OR CREMATORY Aug. 1 1985 St. John's Cemetery

23d LOCATION Ellicott City Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Tima Liaydoon Handalle

110612 07/30/15 3 309 France Co. 400 - 12/17/ 72 / 12 Most City drawn minu souther BOH (4 1 1 324) Magnetic Active Vigory or Lindo m Contrall Const August Twenty kepp and highly he THE PER PROPERTY OF ARMED PROPERTY 18 CE VILL 18 BC VIE VILL June Ferenson M BRUE I FEIDERMAN 335 borne Stoot Balt mo

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REG. N | 10. | ì | 9 | 6-3 | Ö |
|--------|-----------|-----|-----|------|-------|
| DEATH | 11/24/71/ | DAY | V.E | 40 0 | 1.101 |

| - STATE REGISTRAR | | | | CERTIF | ICATE OF | DEATH | වි | REG. | NO. | 1 9 | 6 | Ö | ರ | | |
|--|-----------------|---|---|--------------------------|--|-----------------------|----------------|-------------------|--|-------------|----------------|------------|----------|--|--|
| DECEASED NAME FIRST | | , | MIDDLE | (| AST | | 2a. DATE C | F DEATH | нтиом | DAY | YEAR | 2b. HOU | JR * | | |
| (TYPE OR PRINT) | Irma | | Μ. | Kohlhafer | | July | July 24 | | | 1985 | | 1A M | | | |
| 3. SEX | | 4. RACE | | S. DATE C | OF BIRTH | | 6. AGE (IN | YEARS LAST 8 | RTHDAY) | | RIYEAR | IF UNDER | | | |
| Female | | White | | Apri | $1 2^{\circ}1$ | 19 1 1 | 7 | 74 | YR | MONTHS | DAYS | HOURS | MIN. | | |
| | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | | 9. BALTIMO | ORE CITY | OR COU | NTY OF DE | ATH | | | | | |
| Pennsylvan | Pennsylvania | | U.S.A. | | WIDOWED DIVORCED | | | Baltimore City MD | | | | | | | |
| | (IF NOT IN SUCI | | | | OSPITAL, NURSING HOME OR OTHER INSTITUTION PACILITY, GIVE STREET ADDRESS! TYDE 1 Road 21229 | | | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKET | | | | | | |
| USUAL RESIDENCE (# N 130. STATE Maryland | 13b. COU | | GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo | N | 13d. INSIDE | CITY LIMITS? | 13e.STREET 327 | | | ode Road | 21 | 229 | | | |
| 14. FATHER'S NAME FIRST John | | MIDDLE | Weil | | | r's maiden na elle | AME | MIDDLE | | (UNKI | LAS NOWN | | | | |
| 160 WAS DECEASED EV (YES, NO OR UNKNOWN) | | RMED FORCES? IVE WAR OR DATES) | 16b. SOCIAL SECU | RITY NO. | 17. INFORM Benja | min C. | Kohlha | afer | 327 | Mary | del1 | Roa | 229 d | | |
| 18 CAUSE OF DE PART I. DEATH | WAS CAUS | nly one couse per ED BY (TE CAUSE (a) | ne or (o), (b), and | - | 1 Fi | BROS | S | | | | APPROXIBETWEEN | MATE INTER | DEATH | | |
| Conditions, if o | ony, which | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | | , | | | | |

couse (o), stoting underlying couse

198 DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY STATE

22s.1 certify that (1) (this hospital) attended the deceased from

23a BURIAL, CREMATION, REMOVAL

and that in (my) (per) opinion death occurred on the date and have and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

Dr. Edgar Williamson, M.D.

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Park

5550 Baltimore National Pike 21228 23d LOCATION

Elkridge

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

or other troumotic

prior

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morked or Item

MPORTANT: If Hem 21 is

should be detached for with the State Dept. of

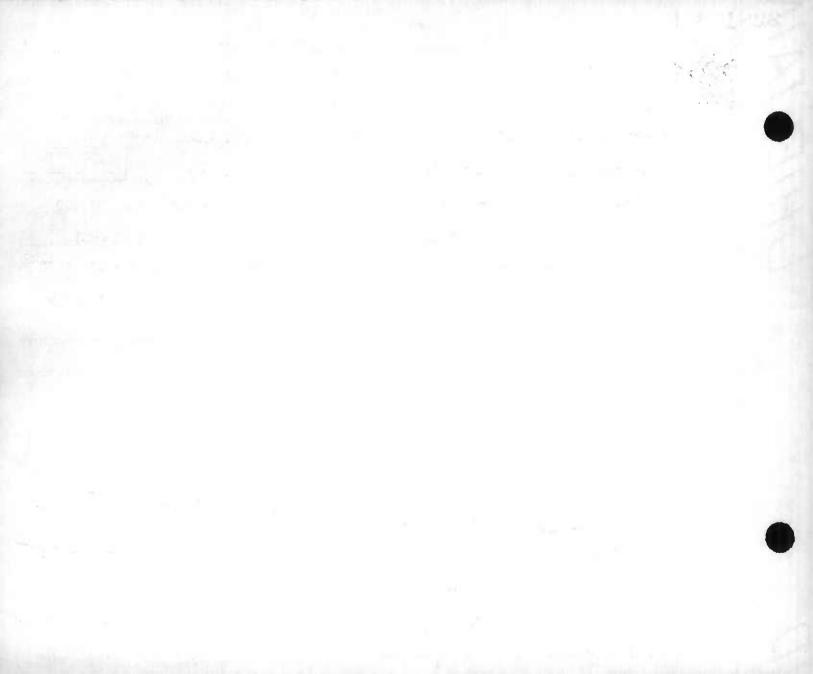
Funeral Home, Inc. 4107 Wilkens Avenue

Howard Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

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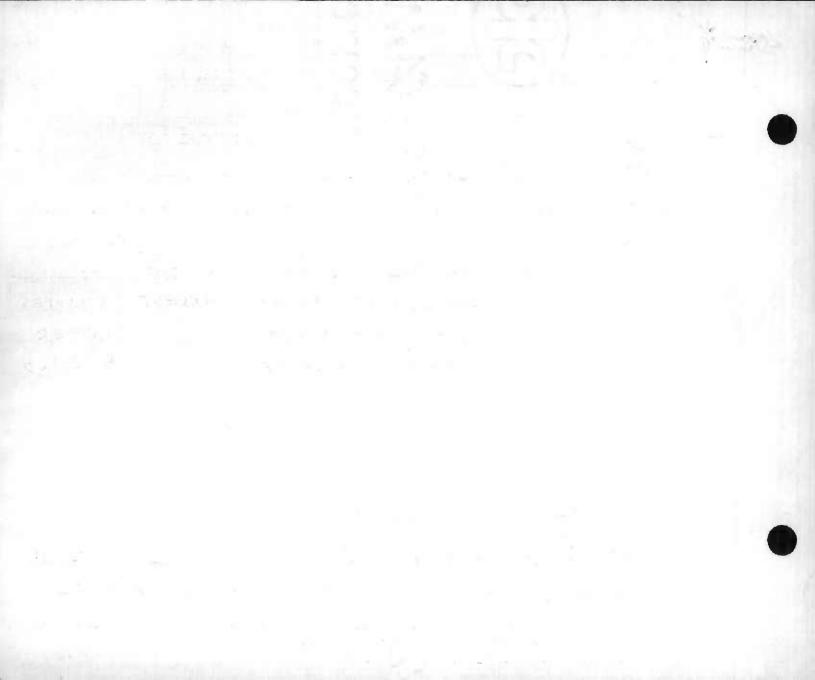
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STATE OF MARYLAND

| DEPARTMENT | OF HEAL | TH AND | MENTAL | HYGIEN |
|------------|---------|--------|--------|--------|
| CE | DTIELCA | TE OF | DEATH | |

| -1 | | REGISTRAR | | | | CERTI | ITCATE OF DEATH | O | REG. N | 10. | | 9 | | 1 |
|-----|---------------|--|------------------|---|-----------------|--------------------|---------------------------------------|---------------------|---------------|---------------|-------------|---|----------------|----------|
| -1 | | EASED NAME | FIRST | , | MIDDLE | | LAST | 20. DATE | OF DEATH | MONTH | DAY | YEAR | 26 HOUR | |
| | (TYPE | OR PRINT) | LACI | | | KOVACSI | | JULY | 12, 1 | 1985 | | | 01:45 | pm |
| 1 | 3 SEX | (| | 4. RACE | | | OF BIRTH | 6. AGE III | YEARS LAST BI | RTHDAY) | MONTHS | R T YEAR | IF UNDER 24 HE | |
| | N | Male | | Caucas | ian | Sept | tember 22,1952 | 32 | | YRS. | Morting | DATS | THOURS I MI | 4. |
| 1 | 7. BIR | RTHPLACE (STATE | OR FOREIGN | 76. CITIZEN OF | | TRY? 8 | ED W NEVER MARRIED | | ORE CITY | OR COUNT | Y OF DE | ATH | | |
| 1 | | ingary | | USA | | WIDOW | | BAL. | TIMORE | E CITY | 1 | | | MD. |
| 1 | 10 € | TY OR TOWN OF | DEATH | 11. NAME OF | | URSING HOME | OR OTHER INSTITUTION | | L OCCUPAT | | | KIND OI | F BUSINESS (| OR |
| 7 | BAL | TIMORE | | | HEACILITY, GIVE | PKINS HO | OSPITAL | | ms Aut | | | SS | A | |
| 1 | USUA 13a S | AL RESIDENCE (# 1 | NURSING HOME O | ROTHER INSTITUTION. | | BEFORE ADMISSION) | | | ADDRESS | | | | | |
| 1 | | arvland | - | imore | | ville | YES NO KX | | Winds | | | Rd. | 21207 | |
| 2. | - | THER'S NAME | 10020 | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | MIDDLE | | | LAS1 | | |
| | / | Imre | | | Kovacsi | | Theresa | | MIDDLE | (| Gyorg | | | |
| 7 | | AS DECEASED EN | | RMED FORCES? | | SECURITY NO. | 17. INFORMANTBalti | more. | MD ADDR | | 207 | | | |
| | | VES, NO OR UNKNOWN |) (IF YES, GI | VE WAR OR DATES) | 216-52 | 2-3738 | Mrs. Roseann | | | | | dsor | Mill | Rd |
| 1 | | 18 CAUSE OF DE | EATH (Enter o | nly one couse per | | b), and (c).) | | | | 10.0 | 1 8 | APPROXI | MATE INTERVAL | H |
| | | PART I. DEATI | | TE CAUSE (a) | CAR | DIOR | RY | ARK | CEST | | 5 MINUTES | | | |
| 1 | | DUE TO OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| | | Conditions, if | ony, which | ((b) | VIR | AL PI | VEUMONIA | | | | | IWEEK | | |
| | | gove rise to couse (a), st | | DUE TO O | R AS A CONS | SEQUENCE OF | | | | | | - 1 | | |
| | | underlying co | ouse lost. | (c) | 1000 | SKIN | S DISEASE | = | | | | <u>7</u> | EAR | 5 |
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| | CERTIFICATION | | | | | | | | | | | | | |
| | ICA. | 190 DATE OF OPE | RATION | 196, CONDITION FOR WHICH OPERAT | | | ON WAS PERFORMED | | | | | , WERE FINDINGS USED (ING CAUSES OF DEATH? | | |
| | F | | | | | | | YES | МО□ | | YES 🗌 | | | |
| 7 | | 210. ACCIDENT WAS | | 216. TIME O | | DAY YEAR | 21c HOW INJURY OCCUR | RED (EÑTER | NATURE OF INJ | URY IN ITEM I | B PART I OR | PART 2} | | |
| r | N I | (IF EITHER, NOTIFY / | MEDIC AL EXAMINE | R) P. | | 19 | | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | | 21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, | | FFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | | | co | COUNTY STATE | | |
| i | | AT WORK | WORK | | | | | | | | - | - P3 | | |
| - 1 | | 276 certify that (1) this haspital attended the deceased from TULY 1 955, to TULY 12, 1985, the (1) we) lost sow the deceased alive an TULY 12 1985, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated | | | | | | | | | | | | |
| | | obove, (I) (w | e) (did) (did n | ot) view the body | | 17 17 | | deom occur | red on the c | dore ond no | | | | _ |
| | | 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF | | | | | | | | | " | DATE | 7 8 | |
| + | | 22d. PHYSICIAN'S | S NIAME ITUBE | OR BRIGHTS | Synu | un 1 | PHYSICIAN [| DIRECTOR PHYSICIAND | | | | | | <u> </u> |
| | | MAD | V - | | SON | | TOHLIG | HOPKINS HOSPITAL | | | | | | |
| | 22. 0 | LIPIAL COSMACE | N DEMOSIS | | 3010 | 22. NIAME OF | CEMETERY OR CREMATORY | 1224 10 | CATION | 17 6 | 771 | 11/7 | | - |
| | | SURIAL, CREMATIC | | | 15, 85 | | | CI | ITY OR TOWN | 1110 | Do I + | | re MD | |
| | 24 FL | Cremat | | | | | lew Memorial P ctors, Inc. 25a DAT | | registra | | | Limo: | | |
| | | LAWME | | - | AUUI | KE 22 | 21133 | 116 | 1005 | Tulia 1 | Savidra | N-Ra | nde 20 | \$ |
| | 0/ | 728 Liber | LLY Ka. | Kanda. | llstown | اللا والما | 71172 [10] | L + U | JOU / | 7 | 1-000 | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND 203122 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR PEG NO 20 DATE OF DEATH MONTH I. DECEASED NAME MIDDLE TYPE OR PRINTS 1800b bamer. PHILLIP 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS PEAR 11 HITE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED DIEVER MARRIED MIA DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126. KIND OSHIPIPES FORS (IF NOT IN SUCH FACILITY, GIVE TREET ADDRESS) BUILDING SELF-EMPLOYED 13n STATE 13d. INSIDE CITY LIMITS? YOWINGS MILLS YES TXX NO TO M FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE RACHAEL GOLUM KRAMER ISRAEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MRS. RACHETPRESSILVERSTEIN 17 INFORMANT 2504 VELVET VALLEY WAY OWINGS MILLS, MD 218-01-5323 NO 21117 II. CAUSE OF DEATH (Enter only one couse per line for (a), (\$) sond (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 71f LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 270.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the bady after de and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 22C DATE SIGNED 226. SIGNATURE DEGREE ATTENDING STAFF 7/5/85 DIRECTOR PHYSICIAN 14 PHYSICIAN MPORTANT 77g ADDRESS should be with the S 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OF CREMATORY ANSHE EMUNAH 23d. LOCATION 7,1985 BALTIMORE RP 756. REQUESTION SOL LEVINSON & BROS., INC. DHMH - 16 50M 4/82 BALTO., MD 6010 REISTERSTOWN RD. 21215 (VRA 15, 4)



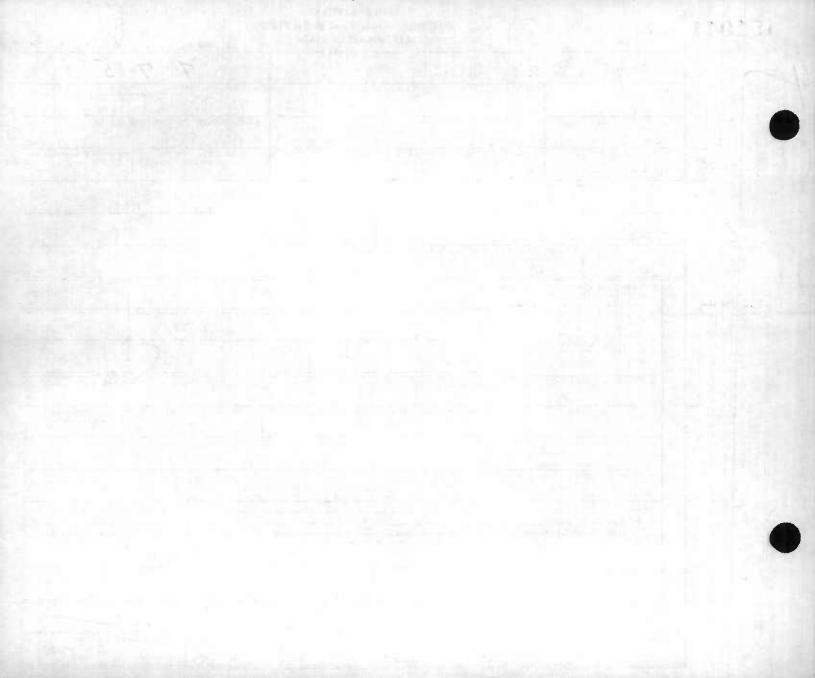
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 152055 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. N DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, HELEN KREINER DEATH MATED 3 SEX 4. RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2damur DATE YEAR LAST BIRTHDAY PRONOUNCED 7-11-85 11:50 1910 DEAD Female Cauc. To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY ANY DELAY IS NECE
AND 3 TO THE FUNE
ETAIN PAGE 5 FOR SHOULD BE FILED, WI U.S.A. WIDOWED X DIVORCED Baltimore City Md. IN CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Be Inord FOR MOST OF WORKING LIFE)
Housewife Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balnord Ave. 21205 Baltimore YES X Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Valves Mary Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Frank Kreiner 1600 Mt. Roual Ave. 215-01-1332 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOX 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Inspection Y 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Notural causes XX death resulted from Homicide ____ Accident Undetermined monner EXECUTE THE CERTIF
PAGE 4 SHOULD BE
TO FUNERAL DIREC
AFTER DEATH, WITH
BALLEMORE, MARYL TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-12-85 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY Baltimore 185 Md. Burial Redeemer Cem. 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR AIS ME (S)) Dabrowski 2818 E. Baltimore St. Son

Manie Caue, 2 Pl 1919 75 Franke Churc. 2 24 1910 75 tolling x followed average x .avi ingel dal duel de les sus a les des la les logat live. Same and the first good will be a server B. Jabrovarl a Son 2:13 E. Beltinora St. U. C.Bible

C51303 The Application of the State of LE ONRED KROART KATIET ATTACHEN LAND TO THE PORT OF THE STANDING OF THE STANDI

Ambrose Inc. 1328 Sulphur spring Rd

(VRA 15, 4)



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 203232 CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH FIRST TYPE OR PRINT! WILLIAM 07-11-85 KRUPPA 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTH YEAR Hev. 1926 CAUBASIAN BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY BALTIMORE CITY 126 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND CEDAR CT 21146 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE KRUPPA GINIZAR STINA 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRES 17 INFORMANT HEYES GIVE WAR OR DATES! SAME LLIZABETH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY 15-20min 4RRES IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF INTRADIERATIVE SUSTECTED Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG HONTORDSARCOMA CERTIFICATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 7-10-85 CHONTOROSARCOMA 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased slive an and that in (my) (pur) opinion death accurred on the date and hour and from the causes stated 276 SIGNMATURE 22c DATE SIGNED DIRECTOR PHYSICIAN PHYSICIAN D 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS HOPKINS HOSPITAL NORTH JOHNS ICHART 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY JULY 15, 1985 CALVARY CEMETERY -ORAIN Son RITCHIE HOUY. 130 DATE REC'D. BY REGISTRAR ISWREGATEM 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 FUNERAL HOME SEVERNA PARK, MD (VRA 15, 4)

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STATE OF MARYLAND

AVISSO STORMAN STATE OF THE STA DIMO4.51 AND THE PROPERTY OF THE PARTY O

6500 York Rd.

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 4/83

(VRA 15, 4)

MITCHELL-WIEDEFELD HOME. INC.

The second of th

| 203283 | FOR - STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 8 REG. NO. | 9 4 9 7 |
|--|---|--|--|--|--|
| 0 ME | 1. DECEASED NAME FIRST | | | IS. DATE OF DEATH | DAY YEAR 2b. HOUR |
| d deg y | Mari | | | | 985 9-20Pm |
| ctor. poge 3 s ofter death | Female | White | Jan. 15, 1933 | 6. AGE (IN YEARS LAST BIRTHDAY) 52 | WONTHS DAYS HOURS MIN. |
| nerol dire | 7a BIRTHPLACE (STATE OR FOREIGN FOREIGN FOREIGN | 76. CITIZEN OF WHAT COUNTRY | | Baltimore City or County Baltimore | |
| or he for | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREE | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Housewife | 126. KIND OF BUSINESS OR |
| AND 212 | USUAL RESIDENCE IF NURSING HOME OF 130. STATE 13b COL | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE | RE ADMISSION) VN 113d INSIDE CITY LIMITS? | 13. STREET ADDRESS / 7IP CODE | 21230 m St.Balto.Md |
| WARYLO | 14. FATHER'S NAME FIRST Raymond | MIDDLE LAST Eat | on Is Mother's Maiden N. Made | MIDDLE | Eberlein |
| MORE, | 160 WAS DECEASED EVER IN U.S. A | IVE WAR OR DATES) | urity no. 17. INFORMANT -6108 Mr. John W | ADDRESS LaBar Same as | above |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate and requires that the death certificate has been signed by the oftending physician straining physician and the properties of the buriol-transit permit. Then please remove carbon papers: Page to the properties prior to buriol, cremotion, or seminated the properties prior to buriol, cremotion, or seminated by the ord Martin I Byshows any injury, or other traumotic event, the mind. | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PARI 2 OTHER SIGNIFICANT PARI 2 OTHER SIGNIFICANT PARI 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHICH | DEATH BUT NOT RELATED TO THE TERM SECONDARY HOPERATION WAS PERFORMED | S metastesis 200 AUTOPSY? 200 IF YES | S, WERE FINDINGS USED YING CAUSES OF DEATH? |
| OHOSPITAL OR ATTENDING PHYSICIAN: retorned by the hospinol or ottending physics TO FUNERAL DIRECTOR: After this certificor should be detoched for use as the buriol-tran with the Stote Dept. of Health and Memol Hy IMPORTANT: If them 21 is marked or them 18 | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that 11 his has | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pital) attended the deceased from 19 100 view the body after death. | DEGREE ATTENDING PHYSICIAN 124 ADDRESS | CITY OR TOWN L. to July 6 I death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN Marfland Car Size and Size Si | 19 State 19 Sta |
| BP | 230 BURIAL, CREMATION, REMOVA (SPECERY) Burial | July 11,1985 | Hollywood MemPa | | Tew Jersey |
| DHMH - 16 50M 4/83 (VRA 15, 4) | McCully Funer | Balto Md 2 ral Home, 130 E | 1230 .Fort Ave. 25. DA | TE REC'D. BY REGISTRAR 256. REGIST | RAR'S SIGNATURE DANS |

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- STATE REGISTRAR DECEASED NAME TYPE OF PRINT

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TRACEY

STATE OF MARYLAND

| DEPARTA | NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE G. NO. | 9 | £4 | 9 | 8 |
|--------------|---|--------------------------------|----------|------------|----------|-------|
| DLE | LAST | 20 DATE OF DEATH MONTH | DAY | YEAR | 25 HOL | JR 🦣 |
| LAI | FFERMAN | 07 | 19 | 85 | 4: | 30P |
| | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNI | DER I YEAR | IF UNDER | 24 HR |
| | MAY 25, 1975 | 10 YR | S. | DA15 | HOURS | MIN |
| HAT COUNTRY? | 8 XX | 9 BALTIMORE CITY OR COU | NTY OF D | EATH | - | |

BALTIMORE

120 USUAL OCCUPATION

CITY

12b. KIND OF BUSINESS OR

#21136

TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WI MARRIED WEVER MARRIED MARYLAND USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE

REISTERSTOWN

x x x

WHITE

4. RACE

BALTIMORE

SCHOOL ITYPE OF WORK FOR MOST OF WORKING LIFE) STUDENT THE JOHNS HOPKINS HOSPITAL 336 HIGH KNOB LA.

FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ELLEN KLOMPUS WESLEY LAFFERMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WESLEY LAFFERMAN'S 336 HIGH KNOB LA.

YESKA

NO 213-82-7603 REISTERSTOWN, MD 21136 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO CONSEQUENCE OF monarcy Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.

selvica. 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC)

22a I certify that (1) this hospital) attended the deceased fram lur) opinion death occurred on the date and hour and fram the causes stated

idid) (did not) view the body ofter death DEGREE 22t. DATE SJGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23b. DATE IN OF CEMETERY OR CREMATORY (SPECIFY) BURIAL 7/21/85

BETH EL MEM. PARK

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & 6010 REISTERSTOWN RD.

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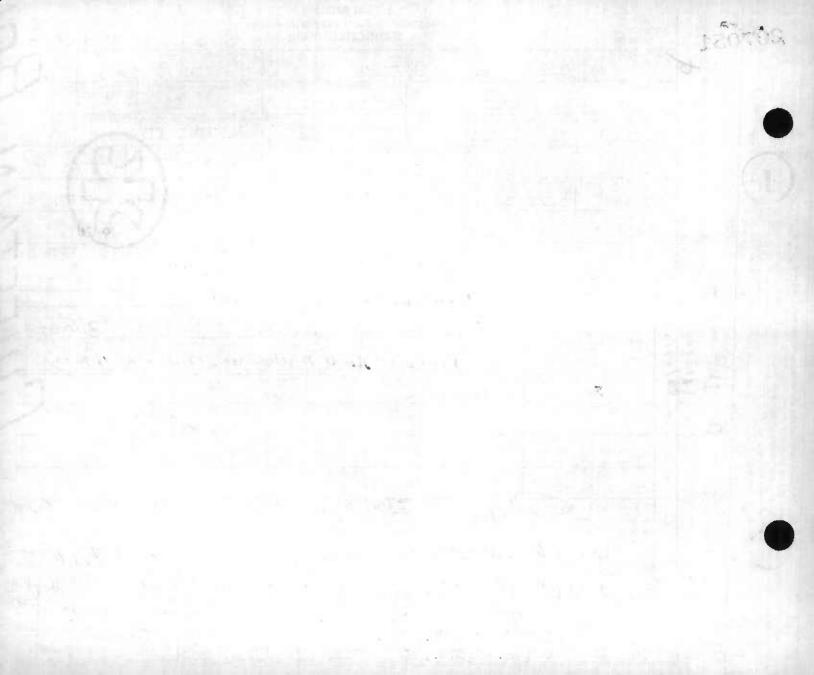
BALTO., MD

BROS., INC.

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DHMH - 16 60M 7/84 (VRA 15, 4)

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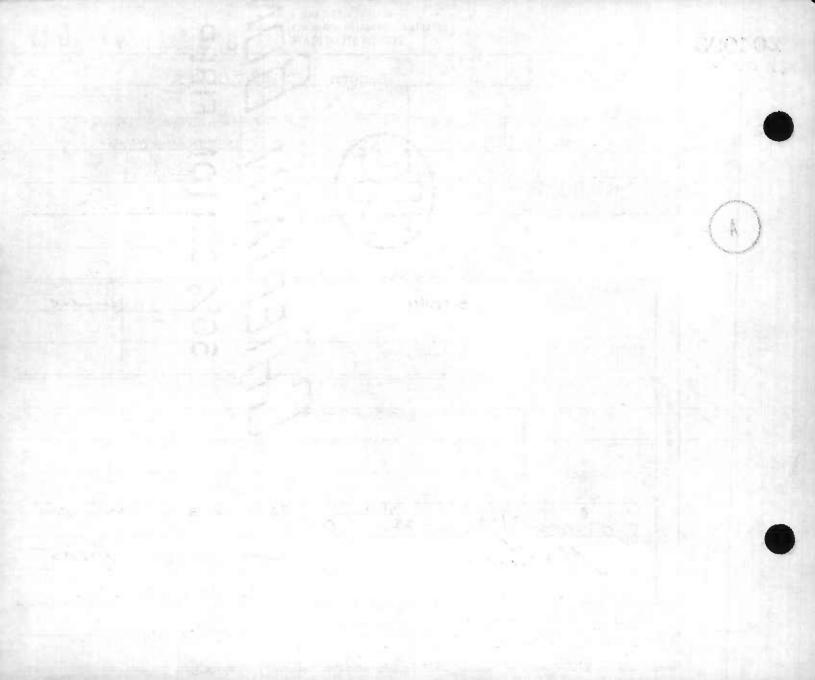
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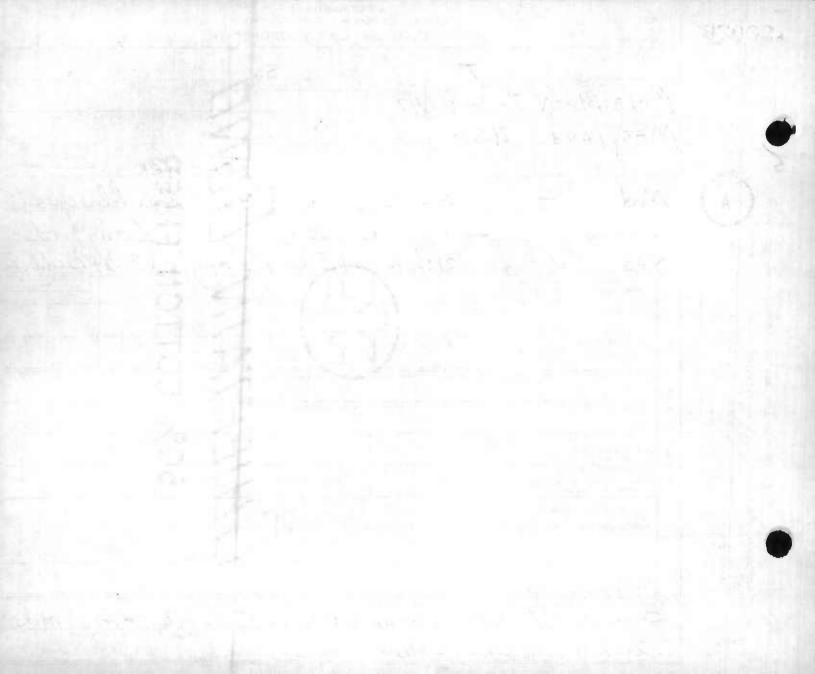
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST YEAR 7/13/85 Langan YEAR 2/21/96 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDE Baltimore City I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17 KIND OF BUSINESS OR INDUSTRY 443 N. Luzerne Ave. 21224 Housewife 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 443 N. Luzerne Ave. NO 🗌 Kunigunda Rein 166 SOCIAL SECURITY NO 17 INFORMANT 217-52-6050 Jerome Langan, same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH sundiet 8 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION COLINITY and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3703 Belair Road, Balto., Md. 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 7/17/85 Holy Redeemer Balto., Md. 24 FUNSchulmanek Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto., Md. 21213



| | | | | | STATE OF MARYLA | | | | | |
|---|---|---------------|--|--|---------------------------------------|---------------------------|-----------------------------|---------------------|-------------|-----------|
| COOK | 20 | | FOR | | MENT OF HEALTH AND | | | | | |
| TO CON | 2 | | REGISTRAR | MEDICALI | EXAMINER'S CERTIF | ICATE OF DE | ATH REG. | 10. 9 5 | 0 | |
| | 0 | | CEASED NAME FIRST | MIDDLE | LAST | | 20. DATE KNOWN | X MONTH DA | Y YEAR | 26 HOUR |
| 35 ct vi 1 | W | (117 | Earl | T | Langford | SN. | OF ESTI- | 7/ 3/ | / 19 85 | |
| 382 | 5# | 3 SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS IF UNDER 1 YR | | 2c. DATE | MONTH DA | | 24_HOUR |
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| SEE SEE | 1827 | 70. BI | RTHPLACE (STATE OR FIGN COUNTRY) | 76. CITIZEN OF WHAT COUN | TRY? MARRIED X | NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY OF | DEATH | |
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| 20世界 | 0.00 | 10. CI | Y OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NUE | RSING HOME, OR OTHER INSTIT | TUTION 120 US | UAL OCCUPATION (TY | | OR INDUSTR | |
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| SET AND | ğ8) | 130. S | AJE 136. COUN | VTY IBUCITY | OR TOWN 13d. INSIO | E CITY LIMITS? 13e STI | REET ADDRESS | 100 | 78 | 0 |
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| 2 2 | 2 | 14. 54 | THER'S NAME | MODES / | IASI D IS MOI | HER'S MAIDEN NAM | WIDDIE | 1 | LAS | 1 |
| WASSEA ME | から | 1 | Luins | Lang | sord to | ressie | | ong | 1010 | d |
| PAK OR | SS / | 16a. V | AS DECEASED EVER IN U.S. AR | MED FORCES? | SECURITY NO. | RMANT | ADDRES | 5 / | 10 | 1.1 |
| A PART | AR A | | es V | tion 242 | -34-4027 | la V. L | anglord | 3604 | Dest | eler he |
| W SON | 200 | 7 | 18 CAUSE OF DEATH (Enter on | nly one cause per line far (o), (b) | and (c).) | | 11 | | APPROXIMATE | INTERVAL |
| TS OF ST | Z W | -2 | DADTIDEATH WAS CALISE | ID DV | sclerotic Cardi | ovecouler | Dispaso | 88 | TWEEN ONSET | AND DEATH |
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| M ZZX | W. H. | 1 | Canditions, if any, which | | SEGOLINCE OF | | | | | |
| | RELEGIE | | gave rise to immediate | (b) | | | | | | |
| AM AM | - ZO | | couse (a) stating the <u>under</u> - lying cause lost. | DUE TO, OR AS A CON | SEQUENCE OF | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED WRITING THE WORD "PENDING" IN PEN RDED TO THE CHIEF MEDICAL EXAMII | SED AS A BURIAL - TRANSIT RE F HEALTH AND MENTAL HYGE IAL, CREMATION, OR REMOVE | | 7 | (c) | | | | | | |
| A SON | A A B | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RELA | TEO TO THE TERMINAL DISEASE OR CONDIT | TION GIVEN IN PART 1 tot. | | | | |
| 0 % 0 | S A LTH REV | Z | | | | | | | | |
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| VITAL RE SHOULD ORD "PE CHIEF N | OF HE | - F | | | | | | | | |
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| A LA | 무렇은 ~ | | UNDERLYING OR | HOUR A.M. MONTH | DAY YEAR | KT OCCURRED (ENIER | NATURE OF INJURY IN ITEM IS | B PART I OR PART 2) | | |
| ON DEFE | 호롱 S ~ | MEDICAL | CONTRIBUTING CAUSE OF | | 19 | | SALE ALL | | | |
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| VRIIS OF | 848 | 5 | WHILE NOT WHILE DAT WORK |] | 37421 | | CITTORTOWN | COONIT | | STATE |
| ₩. ± | TOR: PAGE 3 SHOULD BE US 1 THE STATE DEPARTMENT OF LAND, 21201 PRIOR TO BURLY | | | | | V | | | | |
| ₹ 85 | L DIRECTOR: F H, WITH THE S: MARYLAND, 1 | | A STATE OF THE PARTY OF THE PAR | ge of the remains described aba | ve, held an Autopsy | Inspection X, | Inquiry L, a | nd in my apinian | | |
| | WITH VRYL | | death resulted from: Notu | rol couses . Accident | , Suicide, Hor | micide Unde | termined monner, | | | |
| EXAM CERTI | A× × × | | ACTUAL / | An/ | TITLE | (SPECIFY) | | | | |
| CAL EXA THE CER SHOULD | UNERAL DI | | ACTUAL SIGNATURE | IN | M.D. AS | sistant ME | DICAL EXAMINER | DATE SIGNED | 7/4/8 | 35 |
| 모뉴 # | S S S S S S S S S S S S S S S S S S S | 100 | EVALUE DE LA LA LE | | | | | | | |
| TO MEDI EXECUTE PAGE 4 | J. W. | | EXAMINER'S NAME (TYPE OR PRINT) Gre | egory R. Kauffm | an, M.D. ADDRESS | 111 | Penn St. | | | |
| PAEE | AFTER BALTIN | 23o.B | IBM). CREMATION, REMOVAL | 236 DATE 23c N | IAME OF CEMETERY OR CREMA | | OCATION | | | |
| | 15-08 | 2 | Davids ! | 7-8-1985 7 | Doug : 00 1/4 | 2 /5 | ORTOWN | COUNTY | STA | 11 |
| 07/84 BP | | 74 / | INERALDIRECTOR | 1000 | a more le | 250. DATE REC'D. B | Y REGISTRAR 256 REG | ISTRAR'S SIGNA | | 12 |
| DHMH | | 1 | MAME 00 D | ADDRESS // | 26/1.000 | DAIL NEC D. D | - ILOIOTRAK ISS REC | × | | |
| (VR A15 | ME (5)) | 4 | while B. | . wan-16. | 2 Muna meron | 1111 | 5 1005 | - State Anna | Randalli. | - |



STATE OF MARYLAND 226110 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2b. HOUR I. DECEASED NAME Glee Bates Larmore STYPE OF PRINT AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH Willete) YEAR To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Nebraska U.S.A. Baltimore City. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTRUMENT CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Cashier-Reti Housewife Bank Baltimore 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Maryland Baltimore1101 N. Calvert St. Apt. #1403-14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Addison AThion Amalia Elizabeth Bates Koehler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO ORUMNOWN) | (IF YES, GIVE WAR OR DATES \$ \$5 -03 - 3180 ADDRESS 17 INFORMANT 21202 Clinton S.Larmore-1101 N.Calvert St.#1403-217-01-1540 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and ic PART I. DEATH WAS CAUSED BY immediate respiratory IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 cerebrovascular accidents 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES Hygiel 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 60 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from May 8 sow the deceased alive on Tulu 27 10 85 0 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED 7.27.85 ATTENDING MEDICAL STAFF should be deto with the Store [DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Meadowridge Mem. Park Dorsey, Howard Co., Mary land Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 Henry Sander & Sons. Inc. Baltimore Md.-21218 La. Kniedra Bandage (VRA 15, 4)

DIVISION OF VIT

| | | FOR | | STATE OF MARY | | | | |
|--|----------------|--|--|-----------------------|---|--|--|---|
| 04129 | 1. | STATE REGISTRAR | DEPAR | CERTIFICATE OF | | IENE | 9 | 5 0 3 |
| 1 25 | | Transk | FRANK | Latta | LATTA | 20 DATE OF DEATH | 7/11/8 | EAR 26 HOUR SM |
| do. po | 1 5E | M ALE | WHITE | 5. DATE OF BIRTH | 3 J | 6 AGE (IN YEARS LAST BIRTH | | TYEAR IF UNDER 24 HRS. DATS HOURS MIN. |
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| 4 4 7 | 10.0 | TY OR TOWN OF DEATH | NAME OF HOSPITAL, NURS | ING HOME OF THER IN | Total Control of the | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | WORKING LIFE) INDU | IND OF BUSINESS OR ISTRY FUENTLY |
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| 120 | Jr. F. | HEH'S NAME CRAWFORD - | LAT | | ER'S MAIDEN NAME CATHER | NE MIDDLE | 100 | KELLY |
| 1 | 160) | | WAR OR DATES) 213-32- | | | . BEVERLY TATION RD. | SEVERN, | MD 21244 |
| physical physical paper, paper, post | | II CAUSE OF DEATH Enter only PART L DEATH WAS CAUSED | one couse per line for (a), (b) of BY: | andic Are | st. | | | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| of certain | | IMMEDIATE | DUE TO, OR AS A CONSEO | UENCE OF | | | 243 | |
| or the dec y the atte re-remains ther traus | | Canditions, if any, which gave rise to immediate touse in stating the underlying course last | DUE TO, OR AS A CONSEO | UENCE OF | | | | |
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| and the party of t | IFICATIK | 19) DATE OF OPERATION | 196 CONDITION FOR WHIC | CH OPERATION WAS PER | FORMED | 200 AUTOPSY? | 20b IF YES, WERE F IN CERTIFYING CA | |
| physics the physics of the physics o | AL CERT | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | | DAY YEAR | INJURY OCCURR | ED (ENTER NATURE OF INJURY | | |
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| the house the house the period | | obove, Offwel (dill) (did naf) 735 SIGNATURE | ylaw the body ofter down. | L DEGMEE | ATTENDING | MEDICAL STAFF | 22c. | DAY SIGNED |
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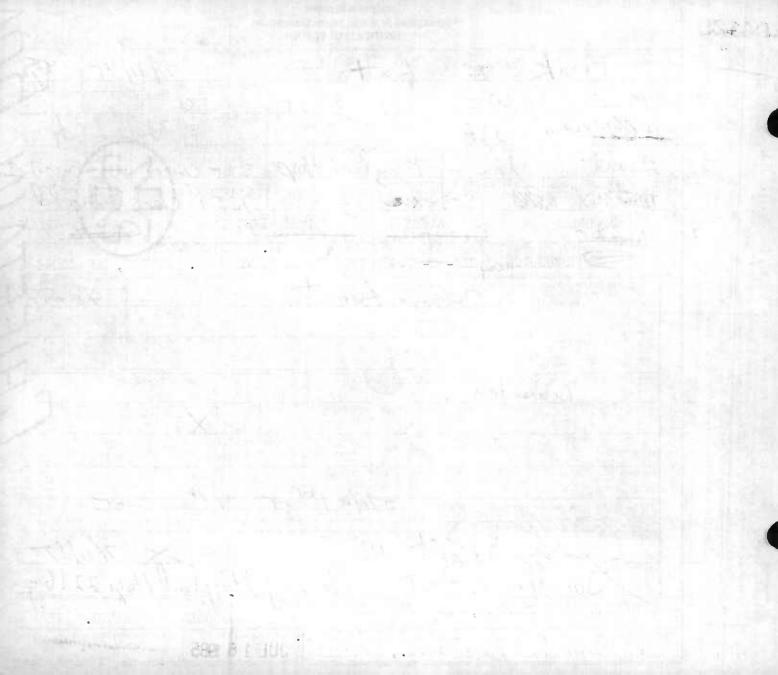
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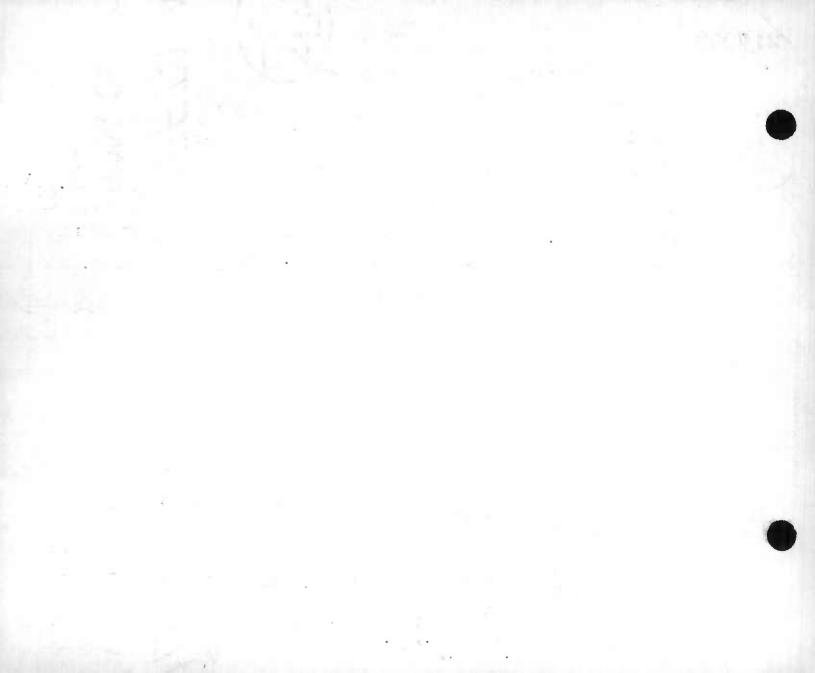
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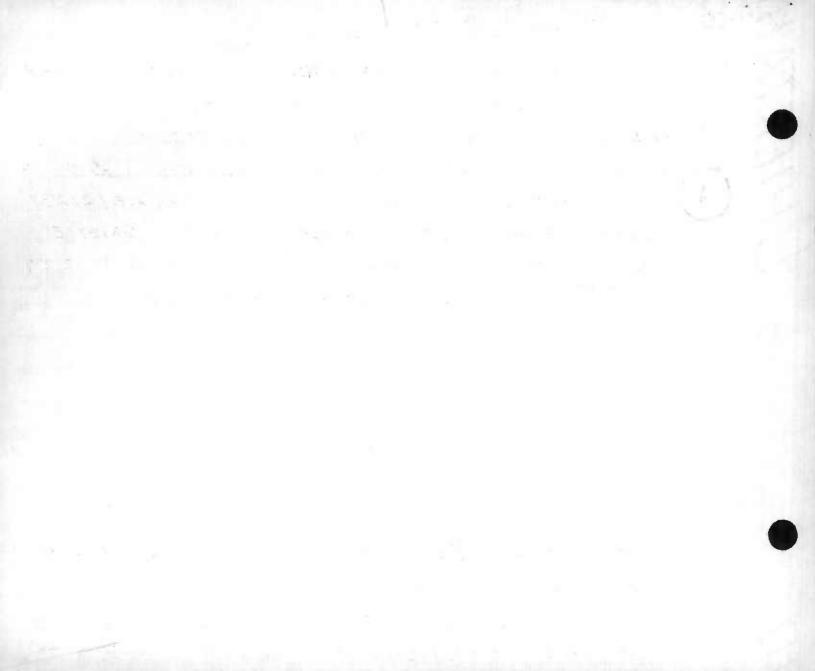
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| | | EASED NAME | FIRST | | MIDDLE | | EAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
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| 00 | 3. SE) | | 1 | RACE | | | E OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS |
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| 4 50 500 | a. Bil | RTHPLACE (STATE OR FO | REIGN] | b. CITIZEN OF | | ITRY? B MARE | RIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | |
| 1 11 20 | | faryland | | U.S. | | | WED DIVORCED | Baltimore C | MU. |
| Physical Phy | В | altimore | | Unio | n Mer | norial | Hospital | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Secretary | 12b. KIND OF BUSINESS OR INDUSTRY Retail Sales |
| W.E | | AL RESIDENCE (# NURSIN TATE aryland | G HOME OR C | OTHER INSTITUTION, TY | | TOWN imore | 138 INSIDE CITY LIMITS? YES A NO | 13e STREET ADDRESS / ZIP CODE 3838 Roland Ave | |
| - Commission | I4 FA | THER'S NAME | N | NODIE | EAS | ī | 15. MOTHER'S MAIDEN NA | ME MIDDLE | IAS7 |
| 1 1150 | | Robert | | lton | Nort | | Helen | Louise | Sadtler |
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| that the | | underlying couse | the last. | DUE TO, O | R AS A CONS | SECTIVE | Myorard | ial infaret | |
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| he low r on. hos bee t permit. ene prior | CERTIFICATION | 190 DATE OF OPERATI | ON | 196 COND | TION FOR W | HICH OPERAT | ION WAS PERFORMED | IN CERTIF | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| hysicificate frontier I Hygie | CER | 210. ACCIDENT WAS UNDE | | 21b. TIME O | F INJURY | H DAY YEA | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 P. | ART 1 OR PART 2) |
| tySICIA ding pl is certif buriol-t Mentol | ICAL | (IF EITHER, NOTHY MEDICA | LE EXAMINER) | P. | M. 7 | 1, | | | |
| DING PHY. After this e as the bu olth and M marked ar | MEDI | 21d. INJURY OCCURRE | E [] | 21e PLACE | | FFICE EARM, PTC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| NOTA Notation of the other is many | | 22a.1 certify that (1) (| | al) ottended th | e deceosed f | rom | -11- 19 8. | 5, to 7 - 11 | 19, that (1) (we) last |
| ATTE Ospito Ospi | | saw the deceased above, (1) (we) (di | d olive on_ d) (did nat | view the bady | a ter death. | 19 8 5 | | death occurred on the date and have | |
| he h he h toches Dep | | 276. SIGNATURE | 1 k | 1000 | X | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 7-11-85 |
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| TO HOSPITAL retoined by 1 TO FUNERAL should be der with the State | | | | Good | | | | n Memorial Hos | pital |
| | (| URIAL, CREMATION, R | EMOVAL | 236 DATE | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | Burial UNERAL DIRECTOR | | 7-13- | -85 | Parkw | | ParkvilleBalt | moreMaryland |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | tchell-Wie | defe: | ld Home | 6500 ^{ADD} | york R | oad 21212 JU | TE RECD. BY REGISTRAR 25b, REGISTRA 25b, REG | widson Nanagar |

STATE OF MARYLAND



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| | S POR YOUR STAND | | Maryland | | U.S. | Α. | OF ST | WIDOW | ED NEVER | DIVORCE | | -1+im | - Ci | +++ | | |
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| 8/1 | 1 | 14. F | ATHER'S NAME FIRST | | MIDDLE | | LAST | | 15. MOTHER'S FIRST | MAIDEN | NAME | MIDDLE | | | LAST | |
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| BALTIMORE S AFTER DE | SE SE | | ES, NO, OR UNKNOW | | RMED FORCES? E WAR OR DATES) | | CIAL SECURITY | | 17. INFORMAL | | 375 | ADDR | | | 9 | |
| ALI | WITH FOR | | NO | | | 21 | 8-01-27 | 94 | Clara | a Har | ris 23 | 26 Nev | ada S | tree | t | |
| | | | 18 CAUSE OF | DEATH (Enter or | nly ane cause per line | e far (a), (b |), and (c).) | | | | W. of B | | 44 | BET | PPROXIMATE | INTERVAL |
| N S | ALONG W SIT PERMIT. HYGIENE, D MOVAL. | | PARTIDEA | TH WAS CAUSE | TE CAUSE (o) | | Mar | ual | Strang | ulati | on | | 7736 | | | |
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| E E | AL HANS | | | , if any, which to immediate | | | | | | | | | | | | |
| ¥ × | EXAMINER EXAMINER IAL-TRANS O MENTAL IN ON, OR REA | | couse (a) s | tating the under | | AS A CON | NSEQUENCE O | F | | | 711-17 | | 500 | | | |
| 201 CTE | ACTIN PENCIL IN TAL EXAMINER AL BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO | | lying couse | e lost. | (c) | | | | | | | | | | | |
| S CRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS | TENDING IN PENCIL IN HE MEDICAL EXAMINER PEN EDAS A BURAL TRANSIT PEN HEALTH AND MENTAL HYGIE AL, CREMATION, OR REMOVA | | PART 2 OTHER SIGN | IFICANT CONDITIONS | CONTRIBUTING TO GEATH | BUT NOT REL | ATED TO THE TERMI | IAL DISEASI | OR CONDITION GI | VEN IN PART | 1 (a). | | | | | |
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| F S E | FOALE, WEITING HE WORD THE FOAL THE FOAL THE FOAL THE FOAL THE STATE DEPARTMENT OF HE AND, 21201 PRIOR, TO BURIAL, | CERTIFICATION | 210. EXTERNAL | | 21b. TIME O | | | 21c. HC | OW INJURY O | CCURRED | (ENTER NATURE (| OF INJURY IN ITE | M 18 PART I OR | | Y- | 140 [] |
| 2 5 | | 1 4 | UNDERLYING | G CAUSE OF | DEATH ? P.A | - 1 | 7 19 85 | 611 | hiost . | ~±~~~ | م آمدا م | | | | | |
| SI SIO | S SHOLL | MEDICAL | 21d INTURY OF | CURRED | 21e PLACE | | | | bject s | SLL al | igred a | na bea | iten | | | |
| NO S | SE S | N N | WHILE AT WORK | NOT WHILE | X | TORY, FARM, E | ETC.) | | TREET | | | RTOWN | | OUNTY | | STATE |
| | PAG 212 | | AT WORK | AT WORK | | home | | | 0 Neve | da St | reet, | Balto. | . City | , Mo | • | |
| E | 4 2 8 H 2 | | 220. I certify | that I taak char | ge of the remains de | scribed obo | ove, held on | Autop | | spection | L. Inqu | uiry | and in my | opinian | | |
| - N | E H C E S | | death resulted | from: Notu | pol covses . | Accident | LJ, Suid | ide 🔲 | , Hamicide | <u>X</u> . | Undetermine | d monner | | | | |
| | AN MERCH | | ACTUAL | 1 | VA |) | | | TITLE (SPEC | | | | | | | |
| ₹ | #5 ₹ # | 1 | SIGNATURE | | 15 | | | M | .D. Assi | stant | MEDICAL E. | XAMINER | SIGN | VED | 7/8/8 | 35 |
| 9 | NO PE | | EXAMINER'S N | AME ~ | | | | 334 | | | | | | | | |
| W | EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | | (TYPE OR PRINT |) Gre | gory R. K | | | | ADDRESS | | ll Penn | | | | | |
| 55 | 62 1 2 C | 23a.B | URIAL, CREMATI | ON, REMOVAL | | | NAME OF CEM | | | | 23d LOCATIO | | CC | UNTY | 51 | ATE |
| 07/B4 BI | P | | BURIAL | | 7/13/85 | M | ount Au | burn | | | Balti | | 100 | | Ma. | |
| | HMH - 17 | | NAME | | ADDRESS | \ - | N | | 250. | DATE RE | C'D. BY REGIS | TRAR 255, R | EGISTRAR'S | SIGNA | difidal | 4 |
| (VR | A15 ME (5)) | W | illiam C | . March | F/H 110 | I E. | North A | ve. | | JUL | 1119 | 85 //* | | | | |

| 04066 | | MARY | | STATE OF MARYLAND | | |
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| 04000 | 1. | FUR | NCE7-31-85 ite | TMENT OF HEALTH AND MENTAL HY TO THE MENTAL HY | IGIENE S REG. N | 019508 |
| / | | CEASED NAME FIRST | MIDDLE | ŁAST | 20 DATE OF DEATH | MONTH DAY YEAR 26. HOUR |
| 0 e e e e e e e e e e e e e e e e e e e | (TYPE | OR PRINT) MARY | YE | LAWRENCE | 7 | JUN 15 85 10:40 |
| p b d | 3. SE | | 1. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIR | MONTHS DAYS HOURS |
| ector rs of | F | EMALE | white | FEB 8 34 | 51 | YRS. |
| Pod dir | 7e B | BILLION AND IN NO. | 76. CITIZEN OF WHAT COUNTRY | * MARRIED NEVER MARRIED | 9 BALTIMORE CITY O | OR COUNTY OF DEATH |
| to the state of th | | Md. | USA | WIDOWED DIVORCED | BALTIMO | |
| 1 11 14 | 10. C | TY OR TOWN OF DEATH | (IF NOT IN SUCH EACILITY, GIVE STRE | | 120 USUAL OCCUPAT | OF WORKING LIFE) INDUSTRY |
| 5 | TISH | BALTO | GOOD SAMARI ROTHER INSTITUTION, GIVE RESIDENCE BEFO | TAN HOSPITAL | HOUSEWI | FE HOME |
| 34 1 | 13a. S | TATE 13b. COUN | NTY 136 CITY OR TO | WN 13d. INSIDE CITY LIMITS? | 01.0 | |
| | | THER'S NAME | TIMORE BALTII | YES X NO 1 | IAME | EN AVE / 2/23 |
| | | FIRST | OMAS LA BON | EIRST | MAF | GUYETTE |
| 5 5 5 | 16a. \ | VAS DECEASED EVER IN U.S. AR | | | ADDRI | |
| Poges medico | -{ | YES, NO OR UNKNOWN) (IF YES, GIV | n/a 004 | 32873 KAREN HIL | L 4019 PO | TOMAC AVE 212 |
| | H | 1.0 | nly one couse per line for (a), (b), o | | 101)10 | APPROXIMATE INTERV. |
| ritificate by physicio on popers, emavol. | | PART I. DEATH WAS CAUSE | D BY: CM | CELL CARCINO | MA OF 1111 | |
| a go b | | IMMEDIA1 | TE CAUSE (o) | CEAR CHACINO | MA DI LUI | V C/ |
| th co. | | | DUE TO, OR AS A CONSEQ | UENCE OF | | , |
| death ottendi ove co stion, o | | Conditions, if ony, which | (lb) | | | |
| he emo | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQ | LIENCE OF | | |
| thot by t bol, cre | | underlying cause lost. | (c) | DENCE OF | | |
| ned ple | | PART 2. OTHER SIGNIFICANT | | DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CON | IDITION GIVEN IN PART 110 |
| equires that the death ce in signed by the attending Then please remove corb to burial, cremation, or injury, or other traumatic | N O | | | | | |
| w pee | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200. AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH |
| Se no se | Ī | | | | YES NO | YES NO |
| IAN: The physicio physicio prificote | 1 | 210. ACCIDENT WAS UNDERLYING | | 2 Ic. HOW INJURY OCCL | JRRED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART 1 OR PART 2) |
| SiCiar ng ph certific riolstr entol I | | OR CONTRIBUTING CAUSE OF DE | | | | |
| PHYSICIAN: ending physical this certifico te buriof-tron ad Mentol Hy d or Item 18 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 21f. LOCATION | | |
| inDING PHYSICIAN. | W. | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE | EARM ETC) STREET | CITY OR TO | OWN COUNTY STA |
| or off or off se os th market | | AT WORK | | 10 0 | 5 1 | , & 95 |
| TEND or use or use of Hea | | | ital) attended the deceased from | | 2, to the | 19 8 , that (I) (we |
| | | sow the deceased alive on above, (1) (we) (did) (did no | ot) view the body after death. | | on death occurred on the d | ate and hour and from the causes state |
| R AT hosp hosp likeCl | | 22b. SIGNATURE | 0 1 01 | DEGREE | | 22c. DATE SIGNED |
| E | | Barbar | LV. +Has | M.D. ATTENDING | MEDICAL STA | FF 7/16/83 |
| 2 0 = = | 1 | | 111000 | 22e ADDRESS | _ omzeron _ rinon | 1.7.07 |
| 2 0 = = | | 224 PHYSICIAN'S NAME (1991) | DE REPORT | | | |
| oSPITAL ed by th UNERAL d be deto the Store HR STANT: H | | PARSICIAN'S NAME THE | 2 2 12 A 4 | 1 - MODRESS | | |
| oSPITAL ed by th UNERAL d be deto the Store HR STANT: H | | BARBARA | J. '& HAD | 37 | | |
| A A A A I A A I T. I I I I | | BARBARA BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | r OHNTY CTAI |
| oSPITAL ed by th UNERAL d be deto the Store HR STANT: H | | BARBARA | . 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN BATTO | COUNTY STAT |
| TO HOSPITAL TO FUNERAL should be deto with the Store IMPORTANT: II | | BARBARA BURIAL, CREMATION, REMOVAL | . 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY Westview | BALTO | BALTO MI |
| TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store IMPORTANT: I | | BARBARA SURIAL CREMATION, REMOVAL SPUREMATION | . 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY Westview | BALTO | BALTO MI |



STATE OF MARYLAND

DEPAR

| TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE | 5 | REG. | NO. | 9 | 5 | 0 | 4 |
|--|-------|--------|-------|-------|-----|------|---|--------|
| LAST | 2a D/ | ATE OF | DEATH | MONTH | DAY | YEAR | | 26. HC |
| | | | | | - | | | - |

| | | KEOIOTKIKK | | | | | | REG. NO |). | | |
|---------|---------------|---------------------------------------|--------------------------|-------------------------------------|-------------|----------------|--------------------|---------------------------|-------------------|-------------------|-----------------------------------|
| | | | RST . | MIDDLE | LA | ST | | 20 DATE OF DEATH | MONTH DA | Y YEAR | 2b. HOUR |
| | (TYPE | OR PRINT) Wil | liam | | Laws | son | 8 11 | J | uly 9, | 1985 | 8:51A N |
| | 3. SE | X | 4 RACE | | 5. DATE OF | | | 6 AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS |
| | M | ALE | BLACK | | 4 4 | 15 | 29 | 56 | YRS | NIHS DATS | HOURS MIN. |
| " | | RTHPLACE STATE OR FORE | IGN 76 CITIZEN OF | WHAT COUNTRY? | 8. | □ NEVER / | AADDIED [| 9 BALTIMORE CITY O | R COUNTY C | F DEATH | |
| 5 | | ARYT.AND | U.S. | Δ | WIDOWED | | VORCED [] | | Balti | more C | City MD |
| and and | | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME OF | OTHER INST | MOITUTION | 120 USUAL OCCUPATI | | 126 KIND C | F BUSINESS OR |
| 8 | | Baltimore | Mary | cheacility give street in land Gene | ral Ho | ospita. | 1 | CONSTRUCT | | CONST | RUCTION |
| - | JUSU | AL RESIDENCE (IF NURSING | | | | 177 | | | 2.75 | 001101 | |
| 5 | 130. 3 | MD 136 | COUNTY | 13 BALTIMO | RE | YES K] | NO [| 753 E. PRE | | T 212 | 202 |
| | 14 FA | ATHER'S NAME | MIDDLE | LAST | | | MAIDENNA | | 200 | X | |
| 0 | יט | EZIKIAH | WIDDLE | LAWSON | | SARAI | FIRST | MIDDLE | | RUSS | at . |
| 1 | | VAS DECEASED EVER IN U | J.S. ARMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | | ADDRE | | TOOK, | |
| | N | OS NO OR UNKNOWN) | FYES, GIVE WAR OR DATES) | | 100 | SUSIE | ADAMS | 1116 W. F | RANKLI | N BAL | TO., MD |
| | | 18 CAUSE OF DEATH (E | CALICED BY | | | | | | 31700 | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | | PARTI DEATH WAS | MEDIATE CAUSE (0) | Exsanguina | ting i | Hemorr | age | | | | |
| | | Company of the | | OR AS A CONSEQUE | | | | | | | |
| | | Conditions, if any, wh | nich (A | Multiple I | ntraa | bdomin | al Absc | esses | | | |
| | | gove rise to immedi | iote | | | | | | | | |
| | | couse (a), stating underlying couse l | , , , , , , | R AS A CONSEQUE Lemorrhagi | | croati | +is | 1 | | | |
| | | DART 2 OTHER CICALIE | 167 | | | | | | | | |
| | Z | PART 2 OTHER SIGNIFIC | le Organ Fa | | DEATH BUT N | NOI RELATED | TO THE TERM | INAL DISEASE OR CONI | DITION GIVEN | IN PART TO | 3 |
| | Ā | 10- DATE OF OPERATION | I IN COND | ITION FOR WHICH | OPERATION | WAS PERFO | RMED | 20a AUTOPSY? | 20b. IF YES. | WERE FINDIN | VGS LISED |
| 7 | CERTIFICATION | 6/13/85 7/8 | 8/85 Tnt | a-abdomin | al se | psis | | | IN CERTIFY! | | OF DEATH? |
| - | 1 | 210. ACCIDENT WAS UNDERLY | | | ar se | | LUDY OCCUPE | YES NOXX | YES | | NO 🗌 |
| 3 | | OR CONTRIBUTING CAUS | 110110 4 | M. MONTH DA | Y YEAR | ZTC. HOW IN | JUNT OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM 18 PAR | TIORPART2) | |
| 1 | EDICAL | (IF EITHER NOTIFY MEDICAL E | | .M. | 19 | | | | | | |
| | MED | 214 INJURY OCCURRED | | OF INJURY | ARM FTC) | 211 LOCATIO | N | CITY OR TO | wN | COUNTY | STATE |
| | 2 | AT WORK ON AT WORK | | | | | | | | | |
| | | 220 1 certify that XX (this | | | | 13 | _, 19_ 85 | , to July 9 | . 19 | 85 | that (K (we) last |
| | | sow the deceased o | live on July | 9 19 19 | 85 , one | that in MX | (our) opinion o | death accurred on the do | te and hour o | ind from the | couses stated |
| | 3 | 176 SHATURE | 1 1 | 4 | D | EGREE | | | 3.3.1 | 22c DATE | SIGNED |
| | | Malcol | m/Vil | huna | o n | nD A | TTENDING PHYSICIAN | MEDICAL STAR | | 7/ | 9/85 |
| 1 | | 224. PHYSICIAN'S NAME | (TYPE OR PRINT) | | | 22e ADDRES | | | | | |
| | | MALCOLA | n WILK | INSON | 100 | c/o | Maryla | nd General | Hospit | al | |

BP

should be detoch with the Stote De IMPORTANT: IF H

DHMH - 16 60M 7/84 E.L. PHILLIPS (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 7/13/85

231 NAME OF CEMETERY OR CREMATORY MT. CALVARY

23d LOCATION
CITY OR TOWN
BALTIMORE

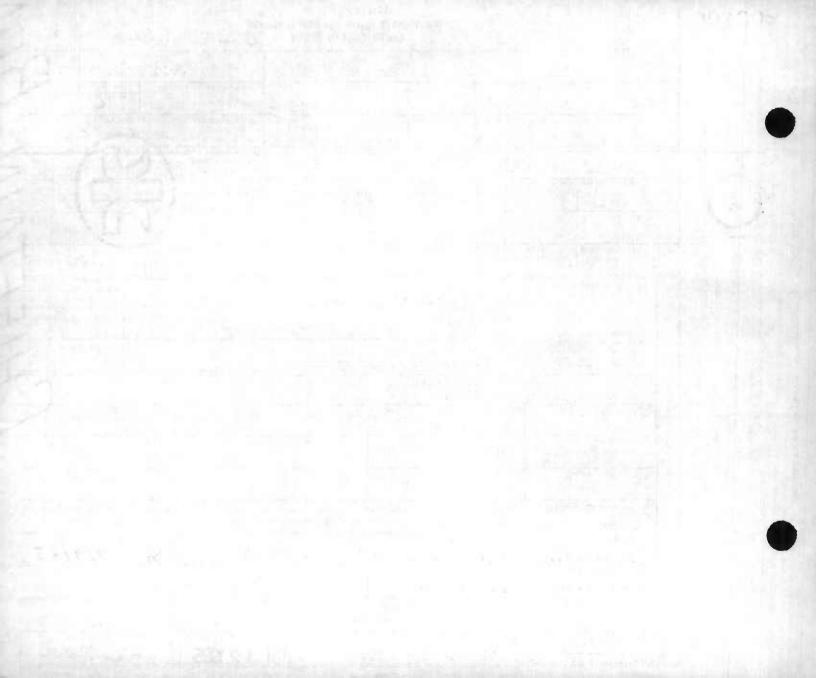
MARYLAND

24 FUNERAL DIRECTOR F.H. 1721 N. MONROE ST.

BURIAL

REGISTRAR 256. REGISTRAR'S SIGNATURE

Pulia Tavidson Randell



tark WAL

DHMH - 16 60M 7/84 (VRA 15, 4)

FEMALLE BLACK 10 22 1955 69 SINTH CAROLINA CITY SOUTH CARRIDA BOLLIMAYE LITHERAN LOSILLIC SEAMERED BYLMITICS Marshard Patrice X 1914 Marchant Mar Brozer Mary of the Market nu 2171128971 MARCIA A. LEAK, 1516 MOTERATO FIE 5 M PIRELL TOPPISS ARBUTUS CEM BALLIMORE COUNTY
AUTTERS + SAILS TRUBERAL HAM 28 868
2501 GWANNES FAILS TARKWAY. 28 868

| # 21 | REGISTRA 1. DECEASED NA (TYPE OR PRINT) | ME FIRST | iel 7 | MIDDLE NOMAS | Leath | enan Jr. | 20. DATE OF DEATH July 20. | MONTH DAY YE | AR 26 HOUR 6:30 A |
|--|--|--|------------------|--|--------------------|---|--|--|--|
| ge 4 - or | 3. SEX Male | | 4 RACE Whit | e | S. DATE C | F BIRTH 28 | 6. AGE (IN YEARS LAST BE | RTHDAY) IF UNDER I | 70 |
| deoth. Pour | Mary | | u.s. | | MARRIE | | Baltime | | H |
| ors ofter of | Baltim | ere | Mary | land Ger | eral | ROTHER INSTITUTION Hespital | 120 USUAL OCCUPAT (TYPESE WORK FOR MOST | | th. Steel |
| nin 24 hou | Maryla I4 FATHER'S NA | nd Ba | timore | 13 CITY OR TO | | 134 INSIDE CITY LIMITS? YES NOXX | | Baltimore | St. 21224 |
| tria Con | Danie | 1 7 | nomas | Leatherme | an Sr. | Farrie | MIDDLE | Foul | he. |
| be exec | IYES, NO Y UNK | | GIVE VAR ODATES) | 220-16- | 5583 | | atherman 800 | 9 E. Balto. | St. 21224 PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| requires that the death c | gave rise cause (a underlying | s, if any, which to immediate stating the cause lost. | DUE TO, C | OR AS A CONSEOU A Myo- OR AS A CONSEOU ONTRIBUTING TO | TAOPHO JENCE OF | C LATEN | | | RT Ira |
| 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | RTIFIC | F OPERATION | 196 COND | | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO M | 20b. IF YES, WERE FI IN CERTIFYING CAU YES [| USES OF DEATH? |
| PHYSICIAN thending physicians on the bundings and Mental Hysical ed or hem 18 | OR CONTRIBUTED A STATE OF THE S | OCCURRED | DEATH HOUR A | | PAY YEAR | 21f LOCATION STREET | RRED (ENTER NATURE OF INJ | | |
| R ATTENDENC hospital or o RECTOR, After red to use or red of Health, fem 21 is more | 220.1 certif saw th abave; 22b. SIGNA | y that (it (this has a deceased alive (it) (we) (did) (200 | spitor areaded 2 | deceased fram, | | d that in (my) (%r) apinia | n death occurred on the d | | , that (I) we) last in the causes stated DATE SIGNED |
| O HOSPITAL O Normed by the O FUNERAL D Hould be detoc oith the State D OFORTANT, IFT | 22d. PHYSIC | Much I CIAN'S NAME (IVE CHAEL | C 11 | han N | M. | ATTENDING PHYSICIAN 220 ADDRESS C/O Mar | MEDICAL STA | CIAN | al |
| BP 20 | (SPECIFY) Bu | rial | 7-23 | | | emetery or crematory on Cemetery | 23d LOCATION CITY OF TOWN CASTUROOO | Balto Co. | STATE |
| DHMH - 16 60M 7/84 | 24 FUNERAL DIRI | | | Inc. 622 | | | TE REC'D. BY REGISTRAN | 256 REGISTRAR'S SIG | NATURE |

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the second Land to the second and the second

| 10070 | | 1.050 | FOR STATE REGISTRAR EASED NAME | DEPAR | STATE OF MAR TMENT OF HEALTH AN CERTIFICATE C | ND MENTAL HYGIEN OF DEATH | 8 5 REG. NO. 1 | 9 5 2 |
|--|--------------|-------------|--|---|---|------------------------------|--|---|
| poge 3 | | | OR PRINT) | NIE | LEE | 70 | 7 2 | DAY YEAR 26 HOUR SOM |
| ige 4 may ector, po | | 3. SEX | Femule " | Black | oct.5, | . 9,19 YEAR | AGE (IN YEARS LAST BIRTHDAY) 65 YRS | FUNDER I YEAR IF UNDER 21 HRS |
| death. Founder | 07 C | Da BH | OUNTRY OF A STATE OF FOREIGN 76 | CITIZEN OF WHAT COUNTRY | MARRIED NEV | ER MARRIED | BALTIMORE CITY <u>OR</u> COUNTY BALTIMORE CI' | |
| by the fu | 90 | F | 34 Timore | SONN DOCTO | ING HOME OR OTHER ET ADDRESS) MOLICA | | USUAL OCCUPATION YPE OF WORKING LIF NONE | 12b. KIND OF BUSINESS OR INDUSTRY N/A |
| 1 11 | 35 | 13a S MA | RYLAND -N- | | 153 | 110 | STREET ADDRESS ZIP CODE | ROAD 2/225 |
| V2 | ba | | UNKNOWN | DDLE LAST | | | NKNOWN | LAST |
| be execu- | / | | AS DECEASED EVER IN U.S. ARME ES NOOR UNKNOWN) (1F YES GIVE W | | | RMANT | RLY 3401 SPE | LLMAN ROAD |
| g physics on adper | event th | | 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I IMMEDIATE (| BY. concie | and ic- | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 days |
| the death of the otherdin ensive continuation, or | er traumatic | | Conditions, if any, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEO 16) DUE TO, OR AS A CONSEO | is vicers | | | 3 months |
| es that ned by please unal, on | , or oth | | underlying cause last PART 2 OTHER SIGNIFICANT CO | 1 10 right ce | exebrorascu | | | 14 months |
| e requir seen sig out. Then ripr to b | Conflue Au | ATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | | | | S, WERE FINDINGS USED |
| The londers for the host to the host to the host to the permanent of the host to the host | 4 | CERTIFIC | 71a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | | YES NO YE | YING CAUSES OF DEATH? |
| SECIAN. TO physical properties of principles of physical | 19 | AL | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH | DAY YEAR | | (ENTER NATURE OF INJURY IN ITEM 18 F | PART 1 OR PART 2) |
| attends the thin the bit hond N | owed or | MEDIC | WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | E, FARM ETC) | ATION | CITY OR TOWN | COUNTY STATE |
| ATTENDI upital or CTOR: A Ito use of Heal | -21 is m | | 22a. I certify that (I) (this hospital saw the deceased alive on abave, (I) (we) (did) (did native | 11/4 20 19 | Sune 16 85, and that in (| (my) (aur) opinion dea | th accurred an the date and hou | 1985, that (It (we) last r and from the couses stated |
| rat Off y the ho tat DIRE detached one Dept | AT. If her | | 226. SIGNATURE Dela | rdo gn.D. | DEGREE | ATTENDING A | MEDICAL STAFF | July 22, 1985 |
| HOSPI ned 5 FUNE | ORTA | | Maria Doland | O M.D. | 22e ADD | DRESS | | |

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR LEROY O. DYETT 4600 LIBERTY HGHTS.AVE. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

236 DATE

7/26/85

PK. DURHAM, NORTH CAROLINA

1350 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE GLEN VIEW MEM. PK

AN LA MARTINE CANADA TO THE STATE OF THE STAT THE STATE ACTOR MINERAL STATES AND A STATE OF THE STATES - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

7:20

NO [

250. DATE REC D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

The state of the s But the Country of the first of the State of Section of the Part of the Control of the Party of the Pa

| | | | OR | | DE | PARIMENI OF H | EALIHA | ND MENTAL F | TYGIENE | | | |
|----------|--|---------------|---|--|--|---|---------------------|------------------------|------------------------------|--------------------------------|---------------|----------------------|
| 21 | 06078 | | STATE REGISTRAR | | MEDI | CAL EXAMINE | ER'S CE | RTIFICATE C | FDEATH | RIG. NO | 45 | S. |
| | 00000 | I. DEC | EASED NAME | FIRST | A | NIDDLE | LAS | T | 20 DATE | | MONTH DAY | YEAR 1 26 HOU |
| | Walas Oct | ITY | OR PRINT) | N1 | | ~ | Toma | A.L. | OF | MATED | 7-20 | 19 85 |
| | PR. PLASE DIRECTOR. 2018 PLES. 272 HOURS ON STREET. | SEX | 4 RACE | Stephane | OF BIRTH | GUY | Legge RS IF UNDE | | | | ONTH DAY | |
| | 一番の大阪 | | 4-1- \\//- | MONTH | DAY | YEAR LAST BIRTHDAY | MONTHS! | DAYS HOURS | MIN. PRONOUI | NCED | 7 20 | YEAR 24 HOU 5:12 |
| | NOT | - | Male Wh | | 15 | 82 2 YRS | 5. | | | ORE CITY OR C | | |
| | SARATE S | FO | REIGH COUNTRY) | | | H TOOL IN | | NEVER MARR | IED 🔀 | _ | | EATH |
| | ASS. | | Λd. | | J.S.A | | WIDOWED | | | timore (| - | IM |
| | T BEE | | TY OR TOWN OF DEAT | LIE NOT | IN SUCH FACIL | TAL, NURSING HOME, TY, GIVE STREET ADDRESS) | | | 120 USUAL OCCU | PATION (TYPE OF RKING LIFE) | WORK 176 KIN | ND OF BUSINESS |
| | 700-111.21 | 100 | altimore | | | emorial Ho | - | | None | 2 | | |
| 5 | 0508 | USUA 13a S | L RESIDENCE IF IN NURSI | NG HOME OR OTHER INST B. COUNTY | | RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN | | 1. INSIDE CITY LIMITS? | 13e STREET ADDR | FSS | | |
| 21201 | ANDAND | | Md. | Paragraph and Control of the Control | and the same of th | Balto. | | YES 🛭 NO 🗌 | 2522 | Guilfor | d Ave | .21218 |
| Ď. | A S S S S | 14. FA | THER'S NAME | MIDDLE | | LAST | 15 | MOTHER'S MAID | ENNAME | MIDDLE | | LAST |
| Ä, | E2882200 | D | avid | Miobie | | Leggett | | Mary | | MIDDEE | | uy |
| WO | FORM ON | | AS DECEASED EVER IN | | ES? | 166 SOCIAL SECURITY | NO. 17 | INFORMANT | | ADDRESS | | |
| 5 | JRS AFTER 3. GIVE PA WITH FOR DIVISION | (1) | No (Control No | FYES, GIVE WAR OR DATE | 5) | 213-02-54 | 05 | David | Leggett | | Same | |
| 40 | | 5 | 18 CAUSE OF DEATH | (Enter anly ane caus | e per line fa | r (a), (b), and (c).) | | | | | AP | PPROXIMATE INTERVAL |
| N ST | SE S | V | PART I DEATH WAS | MMEDIATE CAUSE | (a) | Neck In | jury | | | | 36140 | TEEN ONSET AND DEATH |
| ō | THIN 24 INTER ALON ANSIT PER AL HYGIEN REMOVAL | 300 | 8880. | | | A CONSEQUENCE O | F | | | | | 100 |
| er m | INSI KEN | 1 | Conditions, if an | | 1. | | | | | | | |
| ×. | 3 X X X X X X X X X X X X X X X X X X X | 2 | gave rise to in cause (a) stating th | | E TO, OR AS | A CONSEQUENCE O | F | | | | | |
| 201 | | 5 | lying cause last. | | | | | | | | | |
| | AAND AAND AAND | 6 | PART 2 OTHER SIGNIFICANT C | ONOITIONS CONTRIBUTING | G TO OFATH BUT | NOT RELATED TO THE TERMIN | NAL DISEASE DI | CONDITION GIVEN IN PA | PT 1 and | | | |
| RECORDS | D BE EXECUTEI ENDING" IN F MEDICAL EXA AS A BURIAL EALTH AND MI CREMATION, | Z | | | | | | TONDING! GIVEN IN 1 | | | | |
| REC | | CERTIFICATION | 19a. DATE OF OPERAT | ON 191 | CONDITIO | N FOR WHICH OPERA | ATION WAS | PERFORMED? | | | 20 A | AUTOPSY? |
| 1× | 28 # S P S | FIC | | | | | | | | | | |
| OF VIT | S S S S S S S S S S S S S S S S S S S | E | 21g. EXTERNAL CAUSE | WAS 216 | . TIME OF IN | JURY | Tale HOW | INJURY OCCURR | D LENTER NATURE OF IN | JURY IN ITEM 18 PART | | YES X NO . |
| | THE W | | LINDERLYING X OF | Н | OUR XXX | NONTH DAY YEAR | | | | | · OKTAKT 27 | |
| DIVISION | FOLTAG | MEDICAL | CONTRIBUTING CA | 216 | PLACE OF | 7-20 1985 | 21f. LOCA | ject fell | | | | |
| ž | 用言目のとよ | ME | WHILE NOT W | HILE XX | STREET, FACTOR | Y, FARM, ETC.) | STRE | ET | CITY OR TO | | COUNTY | STATE |
| | E, WRIIS CHARLES SWARD STATE I | | AT WORK AT WO | RK | Hom | e | 252 | 2 Guilfor | d Avenue, | Baltim | ore, Ma | iryland |
| | A S S S S S S S S S S S S S S S S S S S | 2 | 22a I certify that I to | ook charge of the re | mains descri | bed obave, held an | Autapsy | X Inspectio | n . Inquiry | , and in | n my apınian | |
| | MINING BE FILLY | 25 | death resulted fram: | Natural causes | □. A | ccident XX Suic | ide . | Hamicide . | Undetermined m | anner . | | |
| | EXAMINATION OF THE CERTIFICATION OF THE CERTIFICATI | | The Date of | 10.00 | - 1 | (11 110 | | TITLE (SPECIFY) | | | | |
| | AL STATE | | ACTUAL SIGNATURE | - amorte | sine | Three | M.D. | Assistan | t MEDICAL EXAM | MINER | DATE SIGNED 7 | 7-21-85 |
| | NE SHETTE THE THE THE THE THE THE THE THE TH | | EMANDERIC ALANE | | | | | | | | | |
| | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 1 TO FUNKEN DIRECT AFTER DEATH, WITH IT BALTIMORE, MARYLA | - | EXAMINER'S NAME (TYPE OR PRINT) | Margarita | A. K | orell, M.D | •AD | DRESS | Penn St., | Baltımo | ore,Mar | |
| | BAFT | 23a.B | JRIAL, CREMATION, REA | AOVAL 236. DATE | | 23c. NAME OF CEM | ETERY OR C | REMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | 21201 |
| 07/84 | 8P | 1 | Premation | 7 -22 | -85 | Green | n Mou | | Balto. | | | Md. |
| 25M | DHMH - 17 | | INERAL DIRECTOR | Alake II | ADDRESS | | 7.50 | | REC'D. BY REGISTRA | AR 256 REGISTR | AR'S SIGNAL | Hilake |
| | (VR A15 ME (5)) | 1 | enry W. | Jenkins 8 | | s Co. Bal | Ito. A | Ad. IIII | 7.4 1985 | | 1 mor - No | Å |
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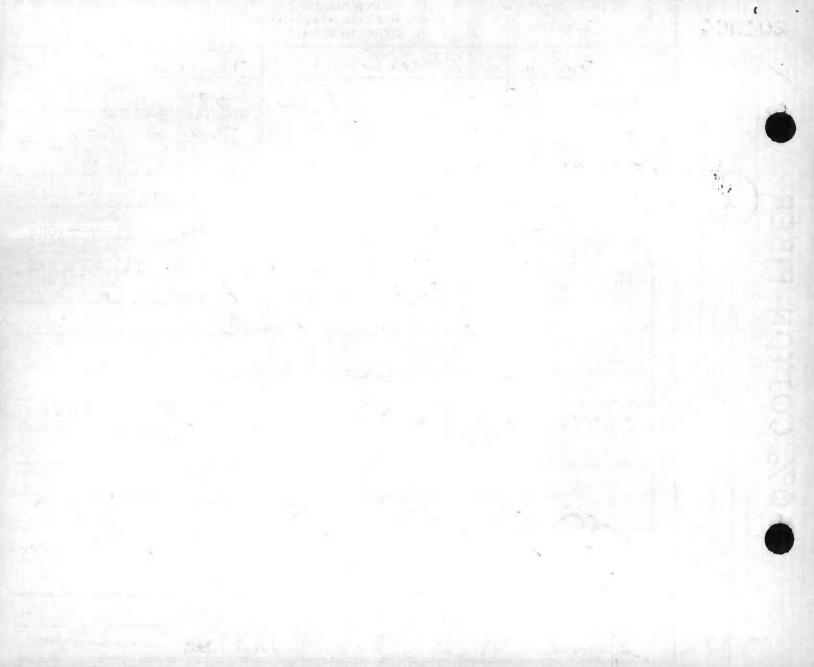
STATE OF MARYLAND

SECTION OF PROPERTY AND ALL HELDES

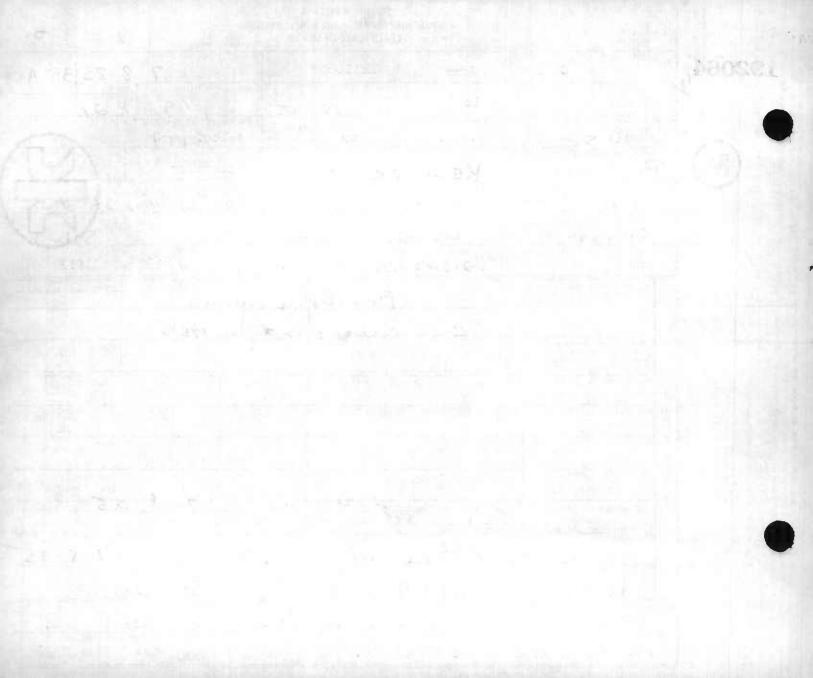
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STATE OF MARYLAND BEVERLY FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 204064 LEHNER - STATE CERTIFICATE OF DEATH REGISTRAR E'S REGINO I. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS lehner 85 12:23 Bever W 16 RAC 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR 36 FEMALE WHITE BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Ko /timore WIDOWED DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR FRANCES SCOTT KEY HOUSEWIFE HOME MEDICAL OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g STATE COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MD BALTO WISE AVE 21222 DUNDALK FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE LAST FIRST ADDRESS 60: WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21222 YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219328962 WISE AVE no JOSEPH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for (a) مائر b), and (c). PART I. DEATH WAS CAUSED BY ardide minute IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF minute ulmonan Canditions, if ony, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 201 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? lower Extrem YES NO 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY T 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol P.M (IF EITHER NOTIFY MEDICAL EXAMINER) ME 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ö CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC I NOT WHILE The I certify that (I) only haspital attended the deceased from and that in (my) (our) ppinion death occurred an the date and hour and from the causes stated DEGREE M 37h SIGNATUR 22c. DATE SIGNED House ATTENDING * MEDICAL ld be dete PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: ADDRESS. 774 PHYSICIAN'S NAME (1991 OFFERD FSKMC DURGEES OHN £ Short Short 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN COUNTY STATE BURTAL WESTVIEW BATTO BATTO MD 24. FUNERALDIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 whe werdoon- fandable (VRA 15, 4)

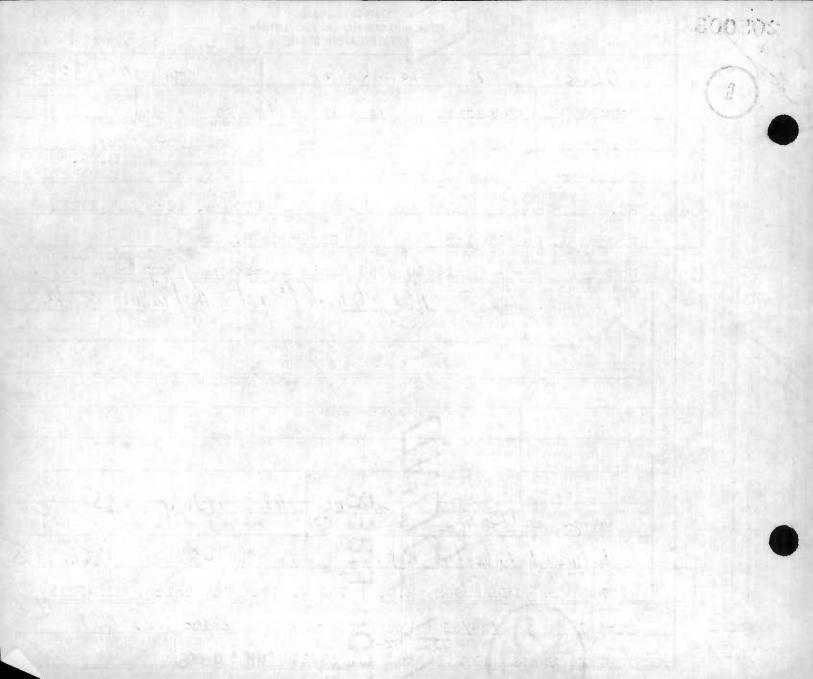


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| Bald | OFDEATH 11. NAME (IF NOT | | G HOME OR OTHER INSTITU | (TYPE OF WO | LOCCUPATION DRK FOR MOST OF WORKING LI DEMAKET | 126 KIND OF INDUSTRY | BUSINESS OR |
| | (IF NURSING HOME OR OTHER INSTITE | UTION GIVE RESIDENCE BEFORE 131 CITY OR TOWN BOLT | 134 INSIDE CITY | LIMITS? 130 STREET | ADDRESS / ZIP COD | | 2121) |
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| VS The law requirements of the state of the | OPERATION 196 CO | ONDITION FOR WHICH | OPERATION WAS PERFORM | AED 20a AU | IN CERTI | S, WERE FINDING FYING CAUSES C ES [] | GS USED OF DEATH? |
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| 205003 | ١, | FOR | DEPAI | RTMENT OF HEALTH AND MENTAL | HYGIENE | |
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| 23 8/6 | 1 | Baltimore | | Nursing Home | Secretary | Marshall's |
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| #3 D. | | Md. | - Baltin | | | th St,,21211 |
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| 1550 | 1 | | Leimkuhler | | ide M. Utz | |
| 1 de 9 de | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES! | | | County Rd,02806 |
| 10 to | | No | 214-4 | 10-0060 Annie B | B. Browning, Ba | |
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| 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 27a I certify that (I) (this hospi | ital) attended the deceased from | m_16 DEC 19 | 12, 10 //July | |
| 545 | | sow the deceased alive on | 19 JULY 19 | ond that in (my) (our) opi | inion death occurred on the date | and hour and from the causes stated |
| 報音なる | | 17h SIGNATURE | 1111 | DEGREE | | 22c. DATE SIGNED |
| A S S S S S S S S S S S S S S S S S S S | | Du Crush | 1 Schordson. | | NG MEDICAL STAFF | 10 17 July 1980 |
| TAN SE | | 220 PHYSICIAN'S NAME NO | on mayori. | 22e ADDRESS | | |
| TO FUNERA should be do with the Shir MAPOFTANT | | AUBREY D. | RICHARDSON, | | 40th St, Balt | to, Md.21211 |
| 11111 | | BURIAL, CREMATION, REMOVAL | 23b. DATE 2. | C. NAME OF CEMETERY OR CREMATO | ORY 23d. LOCATION | _ COUNTY STATE |
| - | | Burial | 7/20/85 | Holy Redeemer | | Md. |
| H - 16 50M 4/83 | | UNERAL DIRECTOR | | f premme ra | DATE REC'D. BY REGISTRAR 25b. | And the second s |
| (VRA 15, 4) | LS | CHIMUNEK FUN | ERAL HOME Ba | to, Md. 21213 | 1111 7 9 1985 | I to Tailing Tandre |



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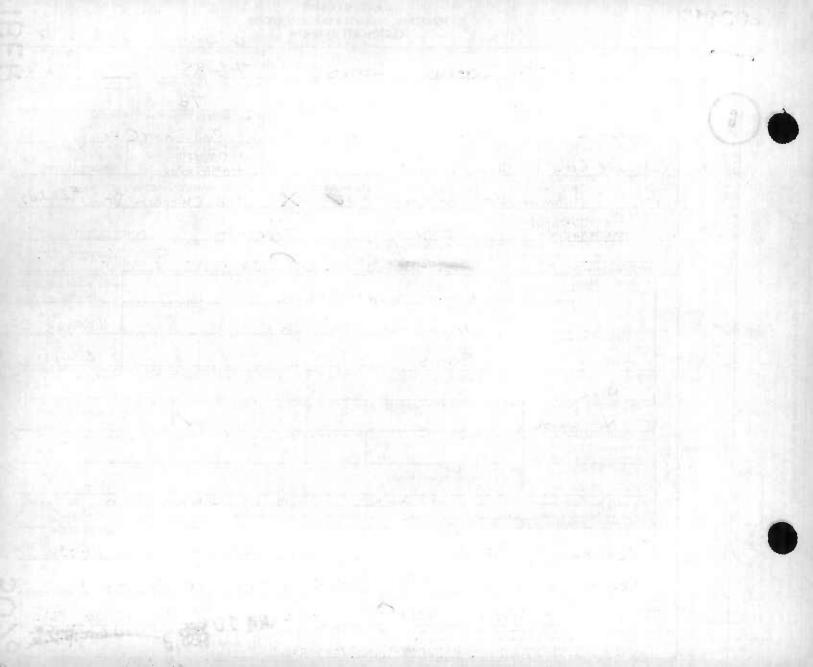
DHMH - 16 50M 4/B3 (VRA 15, 4) 24 FUNERAL DIRECTOR

7/9/85

BROS.

6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

SOL LEVINSON &



DHMH - 16 60M 7/B4 (VRA 15, 4)

6010 REISTERSTOWN RD.

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| 430 | 1 - | STATE REGISTRAR | | DEFARIN | | ICATE OF DEATH | 8 5 REG. NO | . 1 9 | C | 1 4 | | | |
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| | | CEASED NAME FIRST | 1 | AIDDLE | Ĺ | AST | 20. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR | | | |
| 1 | | SADIE | | 1 | EVY | | JULY 12, | 1985 | | 5:10 | a | | |
| | 3. SE | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | HDAY) II | FUNDER I YEAR | IF UNDER 24 H | RS IN. | | |
| | | FEMALE | WHITE | | JUI | Y 4, 1896 | 89 YRS DATS MI | | | | | | |
| 95 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY C | OF DEATH | | | | |
| 55 | | VIRGINIA | USA | | WIDOWE | | BALTIMORE | CITY | | | MD. | | |
| 3 | 10 CI | ITY OR TOWN OF DEATH | LIE NOT IN SUC | HEACHITY GIVE STREET | DORESSI | ROTHER INSTITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST O | | | OF BUSINESS | OR | | |
| 50 | | BALTIMORE | CH | URCH HOME | HOSE | ITAL | HOUSEWIF | E | AT H | | | | |
| 35 | 13o. S | AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR MARYLAND | | BALT IMOR | N | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS 2110 E. FA | ZIP CODE YETTE | ST. # | 21231 | | | |
| | 14. FA | ATHER'S NAME | MIDDLE | 1467 | 10.2 | 15. MOTHER'S MAIDEN NAM | ΛE | | | | _ | | |
| 00 | | JACOB | WIDDLE | OSAR | | TEM | MA | UN | NKNOWŃ | 51 | | | |
| 1 | 160 V | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | | | JULIUS ALEN | | 77. | | | | |
| 1 | ., | YES, NOUNKNOWN) (IF YES GI | E WAR OR DATES! | 217-32-7 | 7582 | 2110 E. FAYE | TTE ST. | BALTO. | , MD | 21231 | | | |
| 7 | | 18 CAUSE OF DEATH (Enter or | ly one couse per | line for (a), (b), and | dic | | | | BETWEEN | XIMATE INTERVAL | тн | | |
| | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST | | | | | | | | | | | |
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| | | Conditions, if any, which | (b)CZ | ARDIOGEN | IIC X | SHOCK | | | | | | | |
| | cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| underlying cause last. ACUTE MYOCARDIWAL INFARCTION | | | | | | | | | | | | | |
| | z | PART 2 OTHER SIGNIFICANT | | | | | | | | o | | | |
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| 7 | CERTIFICATION | THE DATE OF OPERATION | 170 CONDI | TION FOR WHICH | OFERATIO | N WAS PERFORMED | YES O NOT | | ING CAUSES | NO T | | | |
| 12 | CERT | 216 ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | | | 110 | | | |
| 1 | | OR CONTRIBUTING CAUSE OF DE | | M, MONTH DA | Y YEAR | | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OR 10 | 410.1 | COUNTY | STATE | _ | | |
| | × | WHILE AT WORK | (AT HOME STR | EET, FACTORY, OFFICE, FA | ARM, ETC) | 2 IMEE I | CITY OR TO | MN | COONTY | STATE | | | |
| | | 22a.1 certify that (1) (this hospi | tali)attended the | e deceased from J | ULY | 5 19 85 | - UULY 12 | . 19 | 95 | that (I (we) | lost | | |
| 4 | | sow the deceased always on above. (1) (we) (did) (did as | JULY | nte2denth 19 | 85 . 01 | d that in (my) (our) opinion of | leath occurred on the do | te and hour | and from the | couses stated | | | |
| | | 22b. SIGNATURE | 0 | | | DEGREE | | MAN LIT | 22c DATE | | _ | | |
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| | 23a B | BURIAL, CREMATION REMOVAL BURIAL | JULY 14 | . 1985 HF | | | 23d LOCATION | | COUNTY | STATE | | | |
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| /B4 | 24 FL | UNERAL DIRECTOR SOL | | | | 250. DATE | REC'D, BY REGISTRAR | الله مناه 25b. REGISTR | AR'S SIGNAT | fandalle | | | |
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STATE OF MARYLAND

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WUTTERECK SONS FUNERAL HOME,

2501 GWYNNS FALLS PARKWAY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER 1 YEAR

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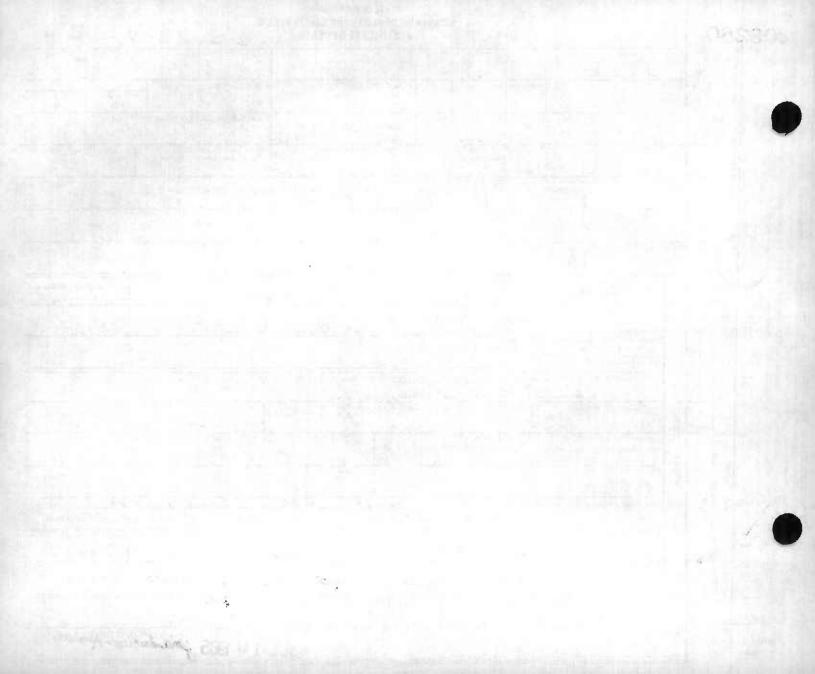
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FOR

- STATE

REGISTRAR

203280



Dundalk, Maryland

21222

PRESTON ST.,

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

7922 Wise Avenue

1300 Eutaw Place

DHMH - 16 50M 4/83 (VRA 15, 4)

Chas.A.Rice

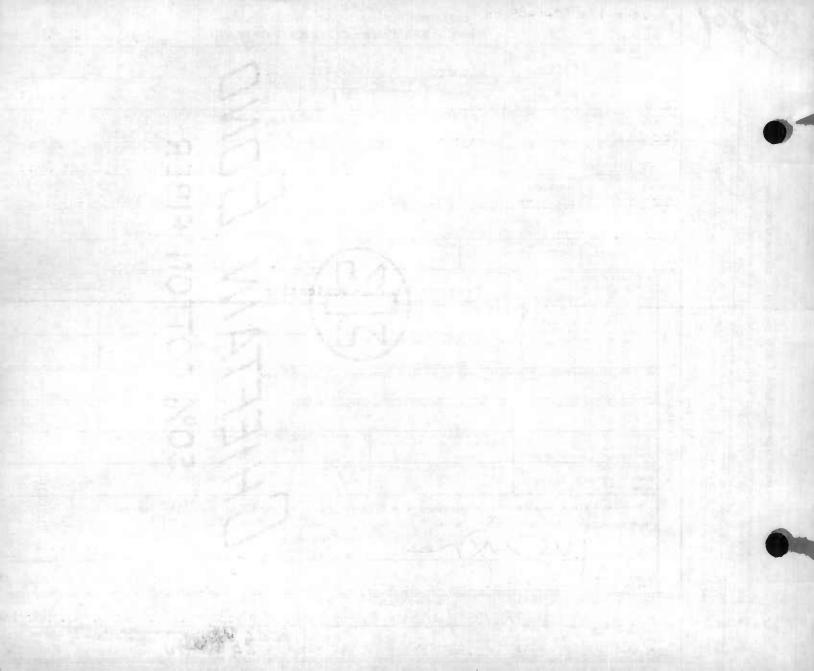
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| 24 140 140 | | | STATE OF MARYLAND | | |
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| 217070 | FOR | DEPAR | TMENT OF HEALTH AND MENTAL HY | GIENE | |
| | - STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 5 REG. NO. 9 | 3 2 3 |
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| e e e | | NEWE | Lewis | 7-20 | 7-85 8550 |
| page 3 | 3. SEX | | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) IF | UNDER I YEAR IF UNDER 2441RS |
| ge 4 m | FEMALE | CAKASIAN | MONTH DAY YEAR | 72 | ONTHS DAYS HOURS MIN. |
| Pod pod | To. BIRTHPLACE (STATE OR | FOREIGN 76. CITIZEN OF WHAT COUNTRY | Y? 8. | 9 BALTIMORE CITY OR COUNTY C | F DEATH |
| Serol herol | Maryland | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | BANTIMORE | CITY MD. |
| 0 1 | 10 CITY OR TOWN OF DE | ATH 11. NAME OF HOSPITAL, NURS | SING HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| offi led v th | Baltimore Co | itu 31NA1 H05 | PITAL | (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker | INDUSTRY |
| in h | TO THE DECIDE OF THE | SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFO | ORE ADMISSION) | et essentium essentium es | 2.12.15 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the centraling physician. When this certificate has been signed by the entraling the fill on and completely filled in by as the buriol-transit permit. Then please remains containing the size of a Sequid be fill than and Mental Hygiene prior to buriol, cremation, or removal. Or set them 18 shows only injury, an ather traumatic event, the medical zoon permits the permits the medical zoon permits the permits the medical zoon permits the permits | 130 STAMO | BUTINGLE 136. CITY OR TO | YES (X) NO [| 3312 WINDS | e Ave |
| PYL 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 14 FATHER'S NAME | MIDDIE LAST | 15. MOTHER'S MAIDEN NA | ME | LAST |
| MA mple | AZ | lbert Ropka | Dora | Herbert | |
| , 5 5 7 | | R IN U.S. ARMED FORCES? 166. SOCIAL SE | CURITY NO. 17. INFORMANT MY | illie Walters Lewis | |
| MORE e exect and commedical | (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) 215-05- | -7807 5312 Winner | Avenue Baltimore, | MD. 21215 |
| the r | | | | 3 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| ony ony | 190. DATE OF OPERA | TION 196 CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF YES, | WERE FINDINGS USED |
| has has | H. | | | YES NOT YES | ING CAUSES OF DEATH? |
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| PHY this d or | 21d. INJURY OCCUR | CAT HOME STREET FACTORY OFFIC | E, FARM, ETC.) 211 LOCATION STREET | CITY OF TOWN | COUNTY STATE |
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| S a S S S S S S S S S S S S S S S S S S | 22a I certify that {I |) (t his hospital) attended the december from | 7/28 19 52 | | , that (1) (ma) fast |
| Prio Prio Prio Prio Prio Prio Prio Prio | sow the deceas | sed alive on 19 | , and that in (my) toor) opinion | death accurred on the date and hour of | and from the causes stated |
| P A A P A A A A A A A A A A A A A A A A | 276. SIGNATURE | 2 | DEGREE | | 22c DA E SIGNED |
| the District of the District o | 19900 | manus mi | MATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/20/85 |
| ERA BY ANT | 122d, PHYSICIAN'S N | AME (TYPE OR PRINT) | 22e ADDRESS | DIRECTOR PHYSICIAN | 10010 |
| HOSPITAL ined by the FUNERAL FUNERAL wild be det wild be det wild be det | 02111 | P F BRONOUDIT | 2435 W. Bel | vedere Ave Ralto | ., MD 21215 |
| ro Hospital | 11111 | 1. 12 8/08/08/07/ | | | • , 110 21213 |
| F: F. 4.7.3 | 230 BURIAL, CREMATION | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OF TOWN | COUNTY |
| BP | Burial | 08-01-85 | Garrison Forest | Owings Mills Balt | imore MD. STATE |
| DHMH - 16 50M 4/83 | 24 FUNERAL DIRECTOR | ring Byers Funeral D | irectors, Inc. 250 DA | TE REC'D. BY REGISTRAR 256. REGISTRA | |
| (VRA 15, 4) | 8728 Liber | tu Road Randallstown | n. MD. 21133 AUG | 1 1985 Ma David | Iron-Bandian : |

070715 4:53 786-166 17 62315 +EMPHE C4.215HM 124 7 272 WOOTE THE THE WATER SHE WHATER HIE Vine Water CALLING AT YOUR PARTY TOTAL PERTY BORNE PARTITION FROM A PART FROM BOOM A. Santa

| 2.67 | 201 | | Ttem | 18a 10-8 | 3-85 | cn p | EPARTMEN | | F MARYLA | | YGIENE | | | | |
|----------------------------|--|---------------|---------------------------|--------------------------------------|------------|------------------|----------------------------------|----------------|-------------------|------------------|-----------------|-------------------------------|----------------|-------------|-------------------------------|
| 000 | 107 | 1- | STATE REGISTRAR | | | | ICAL EX | | | | | REG. N | 9 3 | 5 2 4 | 4 |
| 3/ | | 1. DE | EASED NAM | E FIRST | | | WIDDLE | | LAST | | 20. DA | TE KNOWN | | DAY YEAR | 2b HOUR |
| | 11 S.S.R. | CLAS | E OR PRINT) | Willia | m | Ric | hard | | Leyrer | Sr | 0 | F ESTI- | 7 | 22 19 85 | 5 M |
| | TREE STEE | 3. SE) | | 4 RACE | | OF BIRTH | 6. A | | FUNDER 1 YR. | IF UNDER | 24 HRS. 2c. D | ATE OUNCED | MONTH | DAY YEA | R 2d HOUR |
| | SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET, | Ma | | White | 11/ | 14/46 | | 8 YRS. | TONIAS DATS | HOURS | | EAD | 7 | 22 19 85 | 10:52 |
| | CESSA DOR YOUNG | 7a BI | RTHPLACE (S | STATE OR | 76 CITI | ZEN OF WH | AT COUNTRY? | 8 M | ARRIED N | EVER MARRI | ED P BAL | TIMORE CITY | OR COUNT | Y OF DEATH | |
| | 0.25.2 | Ma | ryland | | | U.S | .A. | | OWED [| DIVORCE | | Baltimo | | | MD. |
| 7 | WENT OF THE PARTY | 19 5 | TY OR TOWN | | | | ITAL, NURSING | | OTHER INSTIT | UTION | FOR MOST OF | CUPATION (TY WORKING LIFE) | | OR INDUS | STRY |
| | NE Z NO | USUA | Baltin | TOTE | | | Park Hea | | stem | | Cons | tructio | n | Sheet | Rock |
| 120 | £93881 | 13a S | TATE | 136. COUN | | 3111011014, 0111 | 13c. CITY OR 1 | OWN | | | 13e STREET AD | DRESS | Dand | 01011 | |
| D. 2 | 2. A 3. A 4. A 4. A 4. A 4. A 4. A 4. A 4 | | ryland THER'S NAM | F | | | Baltin | ore, | YES X | NO . | | 2 Falls | Road | ZIZII | |
| ₩, | F. 8950 | 1/ | FIRST | | MIDDLE | | LAST | | is.mon | FIRST | ice J. | Rohmann | | LAST | |
| WOR | NO AND A | 16a. V | AS DECEASE | Leyrer D EVER IN U.S. AR | MED FOR | CES? | 166 SOCIALS | ECURITY NO | . 17. INFOR | THAM | TCE J. | ADDRES | | | |
| BALTIMORE, MD. 2 | S AFTER DE GIVE PAGE GIVE PAGE INTH FORM PAGES 1 AN | Ye | 5, NO, OR UNKNI | OWN) (IF YES, GIVE | WARORDA | (TES) | 220 4 | 2 8725 | Alic | ce J. | Leyrer | | same | | |
| | 2∞≥ -0 | | 18 CAUSE C | OF DEATH (Enter or | nly ane co | | or (o), (b), ond | (c).) | 100 | PC S | | | Jank | | ATE INTERVAL SET AND DEATH |
| N ST. | ERWI FERMI FIENE, AL. | | PARTID | EATH WAS CAUSE IMMEDIA | | (o) Pr | орохур | hene I | ntoxic | ation | | | | | |
| PRESTON | THIN 24 JER ALON ANSIT PEI AL HYGIE REMOVA | | Carallela | ons, if any, which | | UE TO, OR | AS A CONSEQ | JENCE OF | | | | | | | |
| W. PR | MITH MINER MINER TRAN | | gave r | ise to immediate | | (b) | | | 144 | | | A Comment | | | |
| 201 W | | | lying ca |) stoting the <u>under</u> use last. | 10 | UE TO, OR A | AS A CONSEQ | JENCE OF | 1 | | 1 | | | | |
| 38,2 | AAL E | | PART 2 OTHER S | IGNIFICANT CONDITIONS | CONTRIBUT | (c) | BT NOT RELATED TO | THE TERMINAL O | ICEACE OF CONDITI | ON CIVEN IN BAL |) | | | | |
| DIVISION OF VITAL RECORDS, | CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN FORD TO THE CHIEF MEDICAL EXA 35 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEATTH AND MIT PRIOR TO BURIAL, CREMATION, | Z | | | | | OT NOT XEERICO TO | THE PERMITAL D | ISEASE OR CONDITI | ON GIFTEN IN FAS | AI I · Q | | | | |
| NE NE | PENGEN AS A SECOND | CERTIFICATION | 19a. DATE O | FOPERATION | 1 | 96. CONDITI | ON FOR WHIC | H OPERATIO | N WAS PERFO | RMED? | | | | 20 AUTOPS | Y? |
| I | SHOUL CHIEF E USED URIAL | TIFIC | 61/21 | | | | | | | | | | | YES X | NO 🗆 |
| OF. | ATE WENTER | SE SE | | AL CAUSE WAS | | 16. TIME OF | MONTH DAY | YEAR 2 | (HOW INJUR | Y OCCURRE | D (ENTER NATURE | OF INJURY IN ITEM 1 | B PART I OR PA | RT 2) | |
| NO | ARTO HOUSE | MEDICAL | | ING CAUSE OF | DEATH | P.M. | | 19 | | | THE | | | | |
| IVIS | REDED REDED SE 3 SI TE DEP | MED | 21d. INJURY | | 7 2 | | F INJURY (AT DRY, FARM, ETC.) | HOME, 21 | LOCATION | | CITY | RTOWN | cou | UNTY | STATE |
| ۵ | E, WRIT E, WRIT E, WRIT EWARDI PAGE STATE D | | AT WORK | NOT WHILE [| | | | | | | N-42 | | | | |
| | NER: THI ICATE, W FORWA TOR: PAC THE STAT | | 22a. I cert | ify that I took chor | | | ribed obove, h | eld an A | utopsy X | Inspection | lnq | Jiry 🔲, o | ind in my op | inian | |
| - | SEWNES. | | death resul | ted from: Natu | ral causes | <u>A</u> | Accident | , Suicide | | icide | Undetermine | d manner | , | | |
| | NA SECOND | | ACTUAL | MM | 2 | W) | n | | | SPECIFY) | | | DATE | 7/23 | /85 |
| | NEAL NORE A | / | SIGNATURE | 111 | | 1 | | | _ M.D. <u>ASS</u> | LSCAIRC | MEDICAL E. | KAMINER | SIGNE | D 1/23/ | 00 |
| | 第13米区部注 | | EXAMINER'S (TYPE OR PR | | Ann | M. Di | xon, M | .D. | ADDRESS. | 111 P | enn St. | Balto | .MD. | | |
| | 52252 | 23a.B | JRIAL, CREMA | TION, REMOVAL | 23b. DATE | | 23¢ NAME | OF CEMETE | RY OR CREMAT | | 23d LOCATIC | N | COLLA | NTY . | STATE |
| 07/84 | BP/249 | Bu | rial | | 07/ | 25/85 | Dula | ney Va | Lley Me | morial | Cockey | sville, | Balt | Q. Co. | Maryla |
| 25M | DHMH - 17 | | NERAL DIRE | | | ADDRESS | | | | 3 PATE | ESP BES | IRAC TEL | COME? | S. S. CHALL | and the |
| | (VR A15 ME (5)) | Bu | rgee-H | enss Fune | eral | Home, | 3631 Fa | lls Rd | 21211 | _ UZ | 64 | 0.0 | 4.5 | | 4, 4 |



| S | T | A | T | Ε | 0 | F | M | A | R | Y | L | A | N | D | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | | | | | | | | | | | | | | | |

| DEPARTMEN | T OI | HEALTH | AND | MENTAL | HYGIENE |
|-----------|------|--------|-----|--------|---------|

| 0000 | 0.6 | | | | STATE OF MARYLAND | | | | | | |
|--|---------|---------------|--|---|---|---|---|--|--|--|--|
| 2041 | 134 | 1- | FOR STATE REGISTRAR | DEPARTI | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | 0 5 1 | 9 5 2 5 | | | | |
| - / | | 1 DE | CEASED NAME FIRST | MIDDLE | LAS1 | REG. NO. | DAY YEAR 26. HOUR | | | | |
| 1 11 | - 45 | { TYPE | ORPRINTI ELY | | LIBIN | 7-8- | - 85 4:05 A | | | | |
| 0 | | 1. SE | A 4 6 | RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS | | | | |
| 000 | | | MALE | WHITE | 4-10-1891 | 744RSRS. | | | | | |
| 4 52 | 107 | | RTHPLACE (STATE OR FOREIGN 7 | b CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | | | | | |
| de de | 1/1 | distance. | USSIA | U.S.A. | WIDOWED TO DIVORCED | BALTIMORE C | THD, | | | | |
| and the party of t | 90 | 10 0 | BALTIM ORE | (IF NOT IN SUCH FACILITY, GIVE STREET LEVIN DALE | NG HOME OR OTHER INSTITUTION ADDRESS | 120 USUAL OCCUPATION (AVPE OF WORK FOR MOST OF WORKING I | 12b. KIND OF BUSINESS OR INDUSTRY FOOD | | | | |
| 0 E 8 | 300 | | AL RESIDENCE (IF NURSING HOME OR C | | | 13e.STREET ADDRESS / ZIP COL | APT. 419 | | | | |
| 2 dia | DO | 1 | ARGIAN) | 11 ALTIM | THE YES NO [| 2500 W. Belvero | verdere Hue . 2121 | | | | |
| 1 10 | 1. | 14 FA | THER'S NAME | IDDLE LAST | 15 MOTHER'S MAIDEN NA | WE WIDDIE | LAST | | | | |
| Day die | 500 | | JACOB | LIBIN | NECHA | | UNKNOWN | | | | |
| 1-18 | 9 | 16a V | VAS DECEASED EVER IN U.S. ARM | WAR OR DATES) | MXXXXXXXX | 5. DOROTHY SPRITZ | | | | | |
| / wid | 1/ | | NO | 345-07. | 7260 2506 PINEBI | Activer | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | | | |
| (B B) 動 | 1 | | PART I. DEATH WAS CAUSED | | WHAL INFARCE | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| 12 | 2 | | IMMEDIATE | CAUSE (0) IN YO CHE | CI) IAL INTALY | 100 | | | | | |
| dend pend pend pend pend pend pend pend | 1 | | Condense of the second | DUE TO, OR AS A CONSEQUI | ENCE OF | who Cardin | Ala A | | | | |
| de of the other | 10 | 13 | Conditions, if ony, which gove rise to immediate | 1 10) Hypertensive arteriosclerotic Cardivascular | | | | | | | |
| for the | othe | 10 | cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUI | ENCE OF | | | | | | |
| the state of | N 0 | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION G | EVEN IN PART 110 | | | | |
| The The | 100 | NO. | | | | | | | | | |
| 1 4 6 | 80 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YI | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? | | | | |
| The party of the p | 1 | ET I | | | | YES NO | ES NO | | | | |
| Z 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · 0 | 10.5753 | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH D. | AY YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART (OR PART 2) | | | | |
| SEC. | 17 | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | |
| offered of the by the b | rked or | MED | 21d INJURY OCCURRED NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I | FARM ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | |
| NO N | 1 | | 22a.1 certify that (I) (this hospital | al) ottended the deceased from_ | 6 - 24 , 198, | , to 7 - '5 - | , 19, that (I) (we) lost | | | | |
| E4 844 | 5 | | saw the deceosed ofive an obove, (I) (we) (did) (did not) | view the body ofter death. | , and that in (my) (aur) apinion | death accurred on the date and ha | ur and from the causes stated | | | | |
| A Day | | | 22b. SIGNATURE | 15. | DEGREE ATTENDING | MEDICAL STAFF | 224 DATE SIGNED | | | | |
| TAL 77 Th SAL Gent | ŧ | | 120 | war | PHYSICIAN [| DIRECTOR PHYSICIAN | 7/8/85 | | | | |
| Part Part Part Part Part Part Part Part | ORTA | | 226. PHYSICIAN'S NAME (TYPE OR | Δ. | 22e ADDRESS Levin | idale. 2434 B | clouders Ave | | | | |
| 10 to | 1 1 | - | JE1 | Himby | Baltimore | Md-21215- | | | | | |
| 90 | | 73a E | SPECIFY) BURIAL | JULY 10,1985 W | ORKMEN CIRCLE | 23d LOCATION CITY OF TOWN BALTIMORE | MARYLAND | | | | |
| Dr | _ | | | | | DALLIMOKE | MAKILAND | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

REISTERSTOWN RD. BALTO., MD 21215

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUL 16 1985 film Deviden Rondon

ABY + Fas - E - T NISH4 Y-15

STATE OF MARYLAND FOR - STATE

4 RACE

| CERTIFICATE OF DEATH | 8 5 REG. NO. | 9 | j | 2 0 | 2 |
|---------------------------------|---|---------|------------------|---------|--------|
| LINDSEY | 20 DATE OF DEATH MONTH | 85 | YEAR | 26. HOU | P |
| S. DATE OF FARTH APRIL 18,1903 | 6 AGE (IN YEARS LAST BIRTHDAY) 82 YRS. | IF UNDE | R 1 YEAR DAYS | HOURS | 24 HRS |
| COUNTRY? 8 | 9 BALTIMORE CITY OR COUN | Y OF DE | ATH | | |

JE BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHA U.S.A. unknown WIDOWED DIVORCED [O CITY OR TOWN OF DEATH

BLACK

MIDDLE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BALTIMORE GRANADA NURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

N/A 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BALTIMORE 4017 LIBERTY YES X NO

15 MOTHER'S MAIDEN NAME LAST

17 INFORMANT

166 SOCIAL SECURITY NO

ADDRESS

240-34-3371 GRANADA NURSING HOME 4017 Lib. Hght. Av APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c),

UNKNOWN

BALTIMORE CITY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12a USUAL OCCUPATION

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last

REGISTRAR DECEASED NAME

FEMALE

(TYPE OR PRINT)

30 STATE

MARYLAND

FIRST

14 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

3 SEX

FIRST

136 COUNTY

UNKNOWN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

N/A

(IF YES GIVE WAR OR DATES) N/A

IMMEDIATE CAUSE

LUCY

A CONSEQUENCE OF

NOT

200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

| 210 ACCIDENT WAS UNDERLYING | 21 |
|---|----|
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | - |
| 21d INJURY OCCURRED | 21 |
| WHILE NOT WHILE O | 1 |

220.1 certify that (1) (this hospital) ottended the

190 DATE OF OPERATION

b. TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. e PLACE OF INJURY

HOME, STREET, FACTORY, OFFICE FARM, ETC.)

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

CITY OR TOWN

STATE and that in (my) (aur) apinian death occurred on the dote and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED

YES

IN CERTIFYING CAUSES OF DEATH?

77b SIGWATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT

saw the deceased of

abave, (1) (we) ulidi

ATTENDING MEDICAL PHYSICIAN DIRECTOR 22e ADDRESS

DIRECTOR PHYSICIAN

22c. DATE SIGNED 80

NO F

126 KIND OF BUSINESS OR

AVE

INDUSTRY

N/A

HEIGHTS

LAST

230 BURIAL, CREMATION, REMOVAL

BURIAL

23b. DATE

23L NAME OF CEMETERY OR CREMATORY ZION CEMETARY

30

DEGRE

23d LOCATION CITY OR TOWN BALTIMORE,

MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR DYETT 4600 LIB. HGHT. AVE. LEROY O.

REGISTRAR 256. REGISTRAR'S SIGNATURE TO THE WAY DEVILOR TO THE TOTAL PROPERTY OF THE PROPERTY

and Mental Hygi

Dept. should be de with the Stote MPORTANT

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m 18

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BP.

4017 LIBERT RELEATE A

MACAYMAN, TRO TRIES TRATE TO ROLL THE BALL OF THE BALL

remov d. Offit 4600 Lie. Hont. AFE.

STATE OF MARYLAND

| 20: | 335 | 5 | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 REP. NO. 1 9 5 2 | | | | | | | | |
|--|---|--------------------|-------------------------------------|--|---------------------------------------|--|-----------|--------------------------------|---|---------------------|---------------------------------------|--|
| h-th | The state registrar in the registrar in | | BORAH | | MIDDLE | | SITZ | JULY 14, 1985 | DAY YEAR | 2b HOUR P 4:14 M | | |
| 1 | ector. po rs ofter d | 4 | | | RACE WHIT | | S DATE C | F BIRTH 20, 1926 | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | | |
|) | neral dire | 35 | COUNTRY | FOREIGN | USA | WHAT COUNTRY? | 8 | XX NEVER MARRIED | BALTIMORE CITY OF COU | NTY OF DEATH | MD | |
| s ofter d | by the fu | Selfied Selfied | | ATH | | HOPKINS | | ROTHER INSTITUTION TAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE | | D OF BUSINESS OR | |
| 24 hour | MARYLAND MARYLAND | | | | | BALTIMO | ٧ | 134 INSIDE CITY LIMITS? | 13° STREET ADDRESS (ZIP. C | ONE AVE. | #21209 | |
| ed within | FIRST | | | ٨ | KRAUSE IS N | | | FRIEDA | WE | SAMORO | ÖÜIN | |
| RAN execut | 1 An WAS DECEASED EVER IN U.S. A | | | | MED FORCES? WAR OR DATES) | 577-34-4 | | 17 INFORMANT M 6226 BLACKST | TONE AVE. #21209 | | | |
| DERO | adbou | event, the | 18 CAUSE OF DEAT PART I. DEATH W | VAS CAUSED | y one couse per) BY: CAUSE (o) | Respice | | , Failure | | 4.1 | DXIMATE INTERVAL N ONSET AND DEATH | |
| 2-2 cy | Conditions, if ony, which | | | | DUE TO, O | RAS A CONSEQUE | NICE OF | lure | ar | niN | | |
| gove rise to immediate couse (a), stating the underlying couse last. | | | | | DUE TO, O | RAS A CONSEQUE | NCE OF | ancer | | 2YE | MRS | |
| -0 | een signe it. Then pl | ny injuny, o | PART 2 OTHER SIG | | | | | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION 200 AUTOPSY? 200, 19 | GIVEN IN PART 1 | | |
| 3 | DEG | 0 -7 | O DAIL OF OFERA | 11014 | 170 COND | THO THE PARTY OF T | O' EKATIO | THE TENTORNIED | 200, II | DTIENT IO CALLET | III OS USED | |

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH

LArge Bowel Obstruction

COUNTY

P.M 19 21e. PLACE OF INJURY

211 LOCATION STREET

CITY OR TOWN

STATE

NOT WHILE

AT HOME, STREET FACTORY, OFFICE, FARM, ETC)

CERTIFIC

MEDICAL

ATTENDING

21215

MEDICAL

23e BURIAL

JULY 16,1985

BALTIMORE

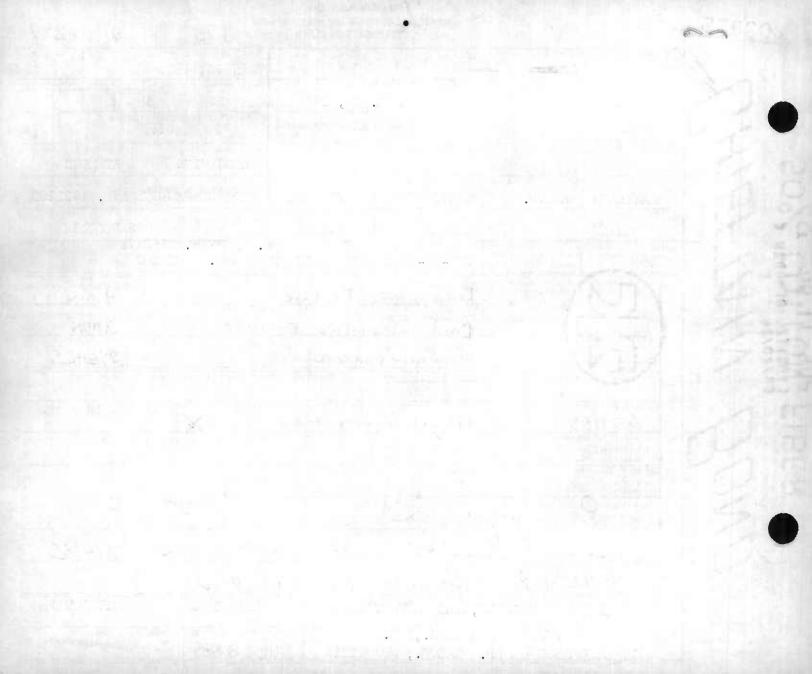
COUMARY LAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR REISTERSTOWN RD. BALTO., MD 6010

15. DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 10 FUNERAL DRECTOR should be denothed for use with the State Dept. of Hea

202134 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| de | | | 23 | 10 | 4.3 | 10 |
|----|----------|---|----|----|-----|----|
| 8 | REG. NO. | 1 | 7 |) | lin | (|
| | | | | | | |

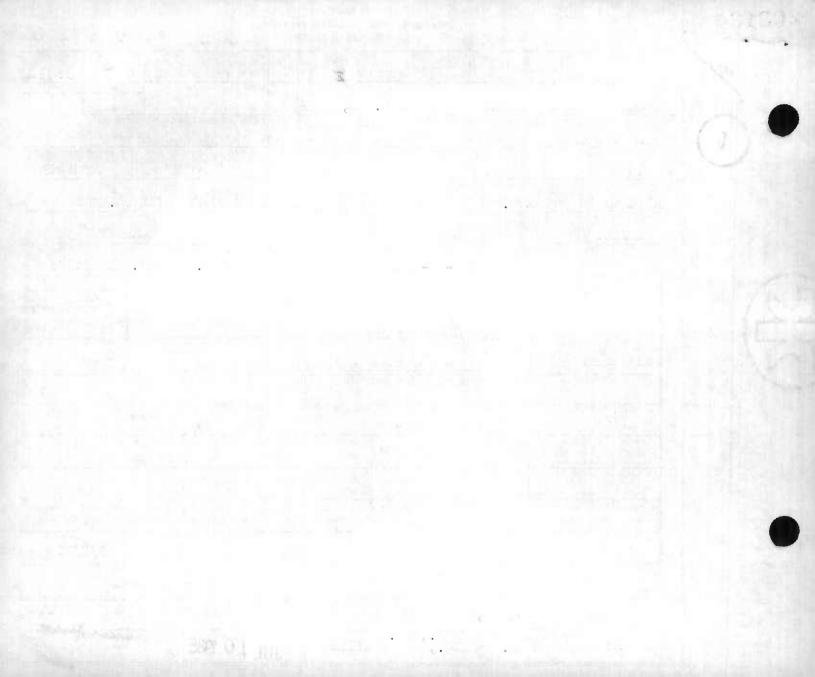
| | REGISTRAR | | | CERTIF | ICATE OF DEATH | O REG. N | 10. | 7 - | 2 4 |
|---------------|--|----------------------|--------------------------------------|-------------|---------------------------------|-----------------------------------|----------------------|--------------|---------------------------------------|
| | CEASED NAME FIRST | A | MIDDLE | L | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR * |
| | ELSIE | | | LIP | SITZ | JULY 7 | 1985 | | 8:41A |
| 3. SE | X | 4. RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BE | | UNDER I YEAR | |
| F | EMALE | WHITE | | | 15, 1917 | 67 | YRS. | | min. |
| | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF | DEATH | |
| | ORTH CAROLINA | USA | A | WIDOWE | | BALTIMO | DRE CIT | Υ | MD. |
| K | ITY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR |
| - | ALTIMORE | JOHNS | | | SPITAL | HOUSEWI | FE | A | T HOME |
| 13a | AL RESIDENCE (IF NIRSING HOME OF STATE 136 COUL IARYLAND E | | 13c. CITY OR TOWN BALTIMO | 1 | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS 1108 SCOTTS | ZIP CODE S HILL I | OR. | #21208 |
| 14. F | ATHER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | | | | AST |
| / | NATHAN | | BERLIN | | TILLIE | | | ORWIT | Z |
| | | RMED FORCES? | 16b. SOCIAL SECUR | | | ACK LIPSAPAR | | 110 | 21222 |
| | NO | | 242-05-8 | 027 | 1108 SCOTTS | HILL DR. | BALTO. | | 21208 |
| | 18 CAUSE OF DEATH (Enter of | | | | 2 000 | | | | DXIMATE INTERVAL N ONSET AND DEATH |
| | | TE CAUSE (a) | Circu | LATO | orry Arrest | | | 40 | ner |
| 7 | | DUE TO, OF | R AS A CONSEQUEN | | ey HRREST | | | 15% | y |
| | Canditians, if any, which gave rise to immediate | (b)_ | KESPIN | CA (BR | A MILICES ! | | | () | |
| | cause (a), stating the underlying cause last. | DUE TO, OF | R AS A CONSEQUEN | NCE OF | OVARIAN | CARCINOMA | | 24 | * |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | | | | | JOITION GIVEN | INI DADT I | |
| 20 | The state of the s | CONDITIONS <u>CC</u> | JATA 150 THE O | EATT DOT | NOT KEENTED TO THE TERM | THE DISEASE OF CO. | ADITION GIVEN | IIA FART I | 10 |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH O | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, W | | |
| THE | 2/84 | OUR | RIAN CARO | INON | 1/1 | YES NOT | YES [| | S OF DEATH? |
| S | 210 ACCIDENT WAS UNDERLYING | - 110110 1 | FINJURY M. MONTH DAY | V VEAD | 214 HOW INJURY OCCURR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 PART | TOR PART 2) | |
| CAL | OR CONTRIBUTING CAUSE OF DE | ALITY . | | 19 | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE (| OF INJURY EET FACTORY, OFFICE, FA | RM ETC) | 21f LOCATION STREET | CITY OR TO | OWN | COUNTY | STATE |
| - | AT WORK NOT WHILE | | | | | | | | |
| | 22a 1 certify that (1) (this hasp | | | July | 19 75 | to | 19. | 85 | , that (I) (we) last |
| | saw the deceased alive an abave, (1) (we) (did) (did no | t) view the bady | after death. | | nd that in (my) (aur) apinian o | death accurred an the d | late and havi ai | | |
| | 226. SIGNATURE | 0 1 | ter MA A | | DEGREE ATTENDING | MEDICAL STA | AFF | | 7/85 |
| | 200. PHYSICIAN'S NAME (Pres | OR PRINT) | 7 1111 / | n.V. | PHYSICIAN [| DIRECTOR PHYSE | CIAN | 1// | 7703 |
| | SHELLEY R | SHAU | 6ATER | | JOHNS H | opkins f | HOSPITA | L | |
| 23a | BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | JULY 8 | ,1985 AN | SHE E | EMETERY OR CREMATORY | 23d. LOCATION BALT-IM | ORE | OUNTY | MARYLAND |

DHMH - 16 60M 7/B4 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 MEREISTERSTOWN RD. BALTO PRESS MD

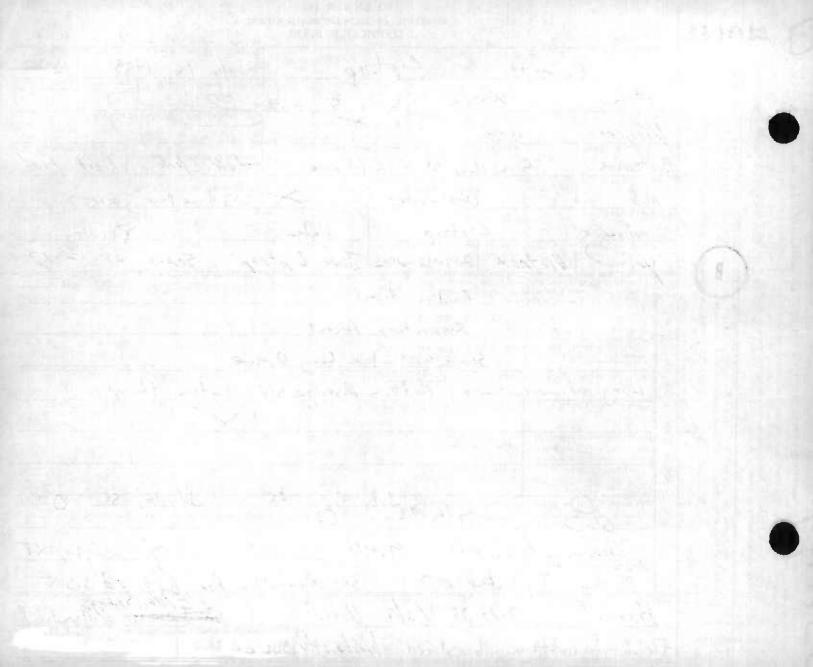
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JUL 1 0 1985



| | | 1 | FOR | DEP | ARTMENT OF HE | ALTH AND MENTAL HYG | SIENE | | 240 | 13 13 |
|----------------------------|--|---------------|---|---|--------------------|----------------------------|-------------------------------|------------------|----------------------|----------------------------------|
| | 210141 | | STATE REGISTRAR | | CERTIFI | CATE OF DEATH | SEG. NO. | 1 9 | 2 | 27 |
| | oy be coge 3 deoth | | CEASED NAME FIRST | Emmett MIDDLE | Lipto | Liptrap | July 16 | 1985 | YEAR | 26. HOUR |
| 0 | 4 moy | 3. SE | 111 | 4 RACE 11/1 | 5. DATE OF | BRTH DAY YEAR | & AGE (IN EARS LAST BIRTHD | MONTH # UNI | HAY! | JNDER 24 HRS |
| 0_ | ege of a company | | Male | while | Sept | 15, 134 | 50 | YRS. | FATU | |
| | ath. P | Ja. BI | RTHPLACE (SLATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | MARRIED | NEVER MARRIED | BALTIMORE CITY ORX | | RAIH | |
| | tune tune | ţ0 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | JRSING HOME OF | | Baltmore (| J 12 | | F BUSINESS OR |
| 201 | by the | Bo | It more | Siva Hospita | 170 | Honore | THE CONTROL OF WORLD | OPKING LIFE) IN | DUSTRY | Food |
| AND 21 | filled in | 13a S | TATE M. C. TESTIDENCE IF NURSING HOME OR THE TESTING HOME OR THE | NTY 13c. CITY OR | | 13d INSIDE CITY LIMITS? | 130.STREET ADDRESS / Z | | 21/5 | 7 |
| MARYLAND 2120 | d within | TA FA | THER'S NAME | MIDDLE LIST LAS | 0 | 15 MOTHER'S MAIDEN NA | ME . MIDDLE | 4 | - 11 | |
| IMORE, | be execute | | AS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL (E VAR OR DAJES) | SECURITY NO. | June Lipt. | ADDRESS | | 5 | 世17 |
| ., BALT | ng Professor | 7 | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | D BY | 1 | + | | | APPROXI BETWEEN (| MATE INTERVAL ONSET AND DEATH |
| ON SI | ith cert inding corbo | 6.9 | IMMEDIA | DUE TO, OR AS A CONS | | | | | | |
| PRESTO | often often roum | 1 | Conditions, if ony, which | in | natory | Arrest | | | | |
| 201 W. PI | that the by the case remol, cremon rother t | | couse (a), stating the underlying couse lost | DUE TO, OR AS A CONS | | e Long Dy | ease | | | |
| | signed hen ple to burio | N N | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | V radiation | TLONGIVEN IN | A . | , |
| DIVISION OF VITAL RECORDS, | no. hos been permit. The prior ws ony in | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR W | HICH OPERATION | I WAS PERFORMED | 20g AUTOPSY2 | 206. IF YES, WEI | REFINDIN | OF DEATH? |
| VITA | Physicio fificote h fitronsit ol Hygie | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | LUCIUS A MA MONITU | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY I | | OR PART 2) | |
| Ö | SIC cer free | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINES | | 19 | 211 LOCATION | | 3.85 | | |
| IVISIO | offendi offendi ter this is the bu h and M | ME | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | STREET | CITY OR TOWN | | OUNTY | STATE |
| _ | TENDIN outof or TOR. Af for use of of Health | | 22a.1 certify that (1) this hospi | | 0.5 | that in (my) (our) opinion | deoth occurred on the dote | ond hour and | | tho (1) (we) lost |
| | OR A DIRECTOR DIRECTOR DEPT. | | 22b. SIGN AT INF | L. I A C | 2 | EGREE ATTENDING | MEDICAL STAFF | , | 22c. DATE | SIGNED |
| | by the by the by the by the state of details and the state of the stat | | Harris L | PRINT) | 915 | PHYSICIAN [| DIRECTOR PHYSICIA | 1 X 1 | July 1 | 6,1981 |
| | TO HOSPITA etoined by TO FUNERA should be de with the Stot | | Nother J | Titel no | 0 | 3000 Mmh | Han De B | It. M | 12 | 015 |
| | BP | 23a l | SPECIFY) L PIG 1 | 7-19-85 | 234 NAME OF CE | METERY OR CREMATORY | 23d LOCATION | 0415h | PM | Maril |
| | DHMH - 16 50M 4/83 | 24 FI | INERAL DIRECTOR | la ali podi | RESS / | 1.ch , d 301 | 22 1995 | RECOUNT | on fa | ndell |
| | (VRA 15, 4) | 17 | e-ches tureralt | lane Man Str | eet 10 | C) TAIL) 10 1. | 0 | | | 46 |

STATE OF MARYLAND



STATE OF MARYLAND

| | | - 131 | | | | |
|-----|---------|-------|--------|-----|--------|--------|
| DEP | ARTMENT | OF | HEALTH | AND | MENTAL | HYGIEN |

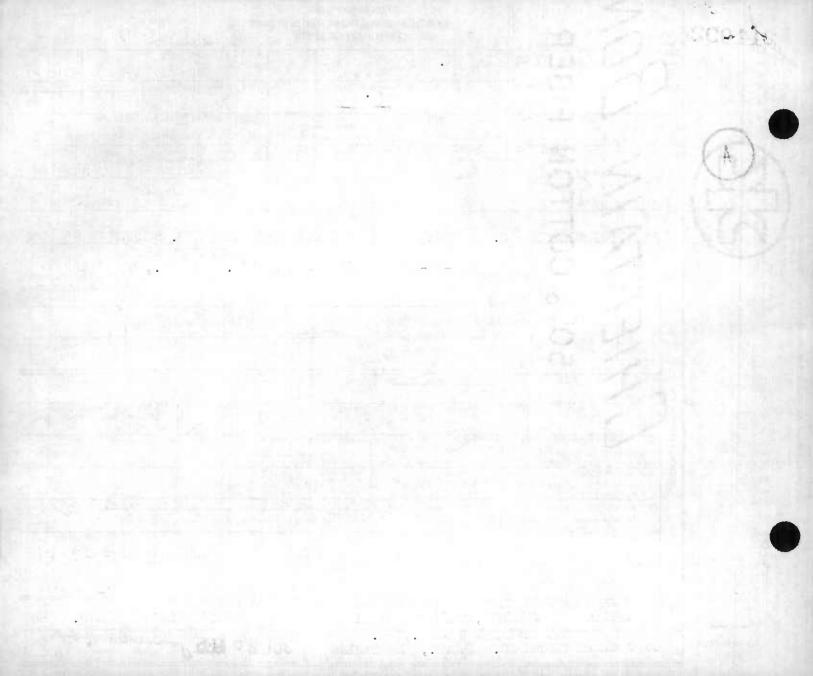
| 992 | 1- | FOR STATE | | DEPART | MENT OF HE | OF MARYLAND ALTH AND MENTAL H CATE OF DEATH | TYGIENE SP. 5 | 1 0 | 5 3 0 |
|---------------------------------------|---------------|--|---|---|---------------------|---|--|-----------------------------|---|
| de o t | | OR PRINT) | MINA | MIDDLE N. | h | LISS | 20 DATE OF DEATH | | YEAR 26 HOUR 3 85 9:45 P |
| rs offer o | 3. SE | | 4 RACE WHITE | | S. DAUG | BIRTH YEAR | 6 AGE (IN YEARS LAST BIRT | HDAY) IF U | NDER LYEAR IF UNDER 24 HR |
| 3 | 12 | RTHPLACE (STATE OR FOREN | IS. A | WHAT COUNTRY? | MARRIED WIDOWED | NEVER MARRIED | | | DEATH |
| A)3 | 10 CI | althmore City | (IF NOT IN SUC | HOSPITAL, NURSINGH FACILITY, GIVE STREET | NG HOME OF | OTHER INSTITUTION | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | WORKING LIFE) | 126 KIND OF BUSINESS C INDUSTRY AT HOME |
| | USU/ 13a S | AL RESIDENCE (IF NURSING F | | | re admission) VN | 13d. INSIDE CITY LIMITS' YES 🖄 NO 🗌 | | ZIP CODE | 21209 |
| examine | | THER'S NAME FIRST FRANK XXXXXX | MIDDLE B. | NACHM. | | 15 MOTHER'S MAIDEN | NAME XXXX MIRIAM S | . SCHWA | LAST |
| e medical | | VAS DECEASED EVER IN L (ES, NO OR UNKNOWN) I IF | J.S. ARMED FORCES? FYES GIVE WAR OR DATES) | 166 SOCIAL SECT | | | ISS NANCY JEA | | 21209 |
| other troumotic ev | | Conditions, if ony, wh gave rise to immedicouse 101, stoting underlying couse to | nich (b) | R AS A CONSEOU | renas | disease | | | |
| to burio injury, or | NO | PART 2 OTHER SIGNIFIC dementia | CANT CONDITIONS CO | ONTRIBUTING TO | DEATH BUT N | NOT RELATED TO THE TE | rminal disease or cond | DITION GIVEN | IN PART 110 |
| 2 ows ony | CERTIFICATION | 198 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WIN CERTIFYING | ERE FINDINGS USED G CAUSES OF DEATH? NO |
| Mentol Hyg or Item 18 sh | | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE | E OF DEATH HOUR A. | M. MONTH D | AY YEAR | 21c HOW INJURY OCC | URRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I | OR PART 2) |
| c + | 10 | (IF EITHER NOTIFY MEDICALE) | Vauntary) | M. | | | | | |
| rked or the | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | | | 211 LOCATION STREET | CITY OR TOV | VM | COUNTY STATE |
| 21 is morked or the | MEDICA | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. certify that (1) (this | 21e PLACE (AT HOME STE | OF INJURY REET, FACTORY OFFICE, see deceosed from | FARM, ETC) | STREET 18 19 8 | | 23_, 19_ | that (1) we) lo |
| MADORTANT: If hem 21 is morked or the | MEDICA | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. certify that (1) (this | 21e PLACE | OF INJURY REET, FACTORY OFFICE, see deceosed from | FARM, ETC.) | # 19 (OUT) OPINI | on death occurred on the do | 19_ te ond hour on | that (1) we) lo |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 21215

JUL 20 BY REGISTRAR 256 REGISTRANS SYCHAMORE



DHMH - 16 60M 7/84 (VRA 15, 4)

JOHN R. BARTHOLMEW 230. BURIAL, CREMATION, REMOVAL 23b DATE

100 NORTH BROADWAY BALTIMORE 23c. NAME OF CEMETERY OR CREMATORY

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNE

:20 0

RAIG

APPROXIMATE INTERVAL

STATE

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRANDID. REGISTRAR'S SIGNATURE

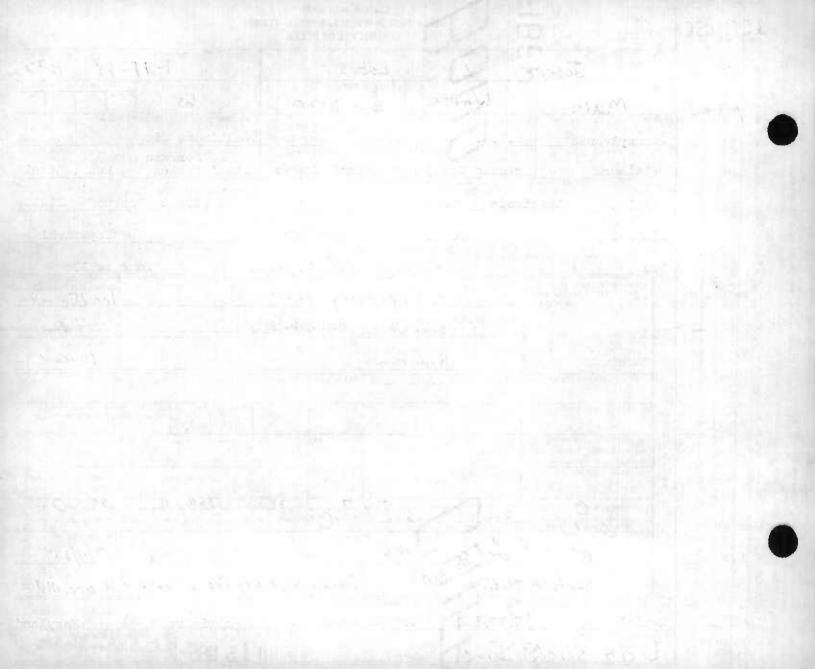
220 ADDRESS CHURCH HOSPITAL CORPORATION

STAFF



STATE OF MARYLAND 192050 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) 103 Joseph ohos 4 RACE 6 AGE TIN YEARS LAST BIRTHDAY 3 SEX 5 DATE OF BIRTH IF UNDER TIVE AR IF UNDER 24 HRS MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED ENEVER MARRIED COUNTRYS U.S.A. Baltimore City WIDOWED DIVORCED [Pennsylvania IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Steel Worker Beth. Steel Baltimore Francis Scott Kev Medical Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 130. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3400 Liberty Parkway 21222 Baltimore Dundalk NO TX Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Szymanski Michael Lobos Catherine ADDRESS Me WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HEYES, GIVE WAR OR DATEST 198-10-5596 Adela L. Lobos Same as 13e Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Carden pulmonar hr. 15 minutes IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Subsachnoil Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 104ea-1 Hypertension PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES T NO [] 21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Tull 220 1 certify that (1) (this hospital) attended the deceased from. July 11 saw the deceased alive on July 11 above. A (we) (did (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED mo ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be Scott Key Medical Center, Bultimore, MD 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 7/13/1985 Oak Lawn Cemetery Baltimore Marvland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRESS

(VRA 15, 4)

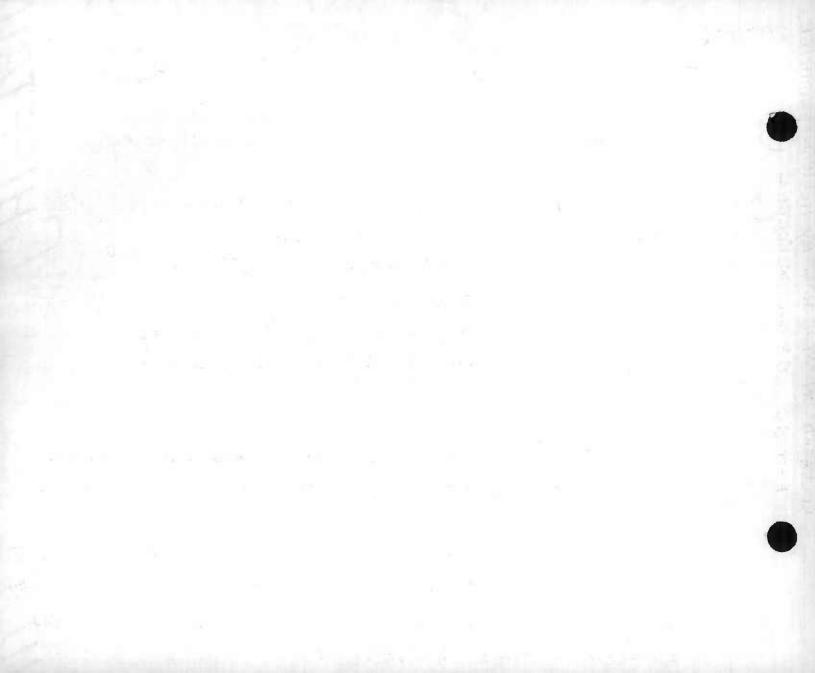


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ... REGISTRAR 1. DECEASED NAME FIRST KNOWN OF EST1 DEATH MATED Gary 1 19 85 Long AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 7d HOUR 5. DATE OF BIRTH DATE DAY YEAR LAST BIRTHDAY) RONOUNCED 9 29 45 40 DEAD 1985 Male Black YRS 7g. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED DIVORCED South Carolina Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore 4601 E. Monument Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e STREET ADDRESS 13a STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 1255 Pearleaf Court 21202 Baltimore YESXX Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST DAisv Roah Gaston Long 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS NO N/A Reeva James 1255 Pearleaf Court 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF H YES X NO [] 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Autopsy K 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE IN TO FUNITAL DIRECTO AFTER BEATH WITH THE BALTIMORE MARYLAN Homicide Undetermined manner 7/2/85 EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St. Balto, MD. (TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE STATE BURTAL 7/9/85 Mount Zion Cemetery Md. Lansdowne, 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. William C. March F/H (VR A15 ME (5))

12500

Surff war . The South

| 120 | 7074 | | | FOR STATE REGISTRAR CEASED NAME FIRST MIDDLE | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | GIENE 8 RED NO. 9 5 3 5 20 DATE OF DEATH MONTH DAY YEAR 12 HOUR |
|---------|---|---------------------------|----------------|---|--|--|
| | deoth deoth | 4 | | ORPRINTI) Madeline B | Long | 7 16 85 1215 AM |
| - 3 | ector, po | ^ | 3. SE | 4. RACE W | S. DATE OF BIRTH OF YEAR STANDARD STAND | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| | nerol dir | of bece. | - | RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHA | T COUNTRY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OF COUNTY OF DEATH Baltimore MD. |
| 10 | A STATE OF | 3/ | 10 CI | TY OR TOWN OF DEATH 11. NAME OF HOSP (IF NOT IN SUCH FACE Saltimore FS Key | ITAL, NURSING HOME OR OTHER INSTITUTION LITY, GIVE STREET ADDRESS) | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE) |
| AND 212 | A): | 33 | USU/ 13a. S | TATE 136_COUNTY 13c.C | ESIDENCE BEFORE ADMISSION) THE TOWN Swing Mills YES NO ST | 13e.STREET ADDRESS / ZIP CODE 4 Bradbury of 2/117 |
| MARY | | 30 | 1 | ATHER'S NAME FIRST MIDDLE White Market Middle | 15. MOTHER'S MAIDEN NA FIRST Un known | MIDDLE LAST |
| P. K | Danger of a | 2 medicol | 16a V | VAS DECEASED EVER IN U.S. ARMED FORCES? 166: YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 | 3-24-9908 Hay A Long | 1430 Stonewood Dr Beitlem Pa. |
| 3 85am | hat the death certificate by the attending physic ate remove carbon page il, cremation, as remaval. | ather troumatic event, th | | DUE TO, OR AS. Canditions, if any, which gave rise to immediate (b) 0 | aconsequence of ast acrest A consequence of ast A consequence of ast A consequence of Ban + | mi contents V CNS Status |
| S S | n. no been signed permit Then ple | s only injury. or | CERTIFICATION | PART 2 OTHER SIGNIFICANT CONDITIONS CONTR 19a DATE OF OPERATION 19b CONDITION | IBUTING TO DEATH BUT NOT RELATED TO THE TERM | 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| T-16-8 | SICIAN: Thong physicio certificate i priol-transit ental Hygie | ed or Item 18 show | MEDICAL CERTII | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. IN JURY OCCURRED 21e. PLACE OF IN | MONTH DAY YEAR + 4 1000 W NE NO W NE | Prob fell in bath Inb CITY OR TOWN RED OF TOWN COUNTY STATE Red Owlings Hills Balt. HD |
| | OR ATTENDING the haspital or a DIRECTOR. After packed for use as Dept. of Health | If hem 21 is mort | | 270 I certify that (I) (this hospital) attended the dec saw, the deceased olive on above, (I) (we) (did (did par view the body after 27b SIGNATURE | eased from + 15 , 19 85 | death occurred an the date and hour and from the causes stated MEDICAL STAFF MEDICAL STAFF |
| | reformed by the TO FUNERAL I Should be deto with the State [| MPORTANT | | | PHYSICIAN [270 ADDRESS TO SS PHYSICIAN [| C Baltinone Easter A |
| | BP | _ | C | SPECIFY) SPECIFY TEMATICA TUY 16 | 85 Carroll Cremation | n Hampstead Carroll Md |
| DH | HMH - 16 50M 4/ (VRA 15, 4) | /83 | | ine Funeral Home | 9 ADDRESS S. Main Md | TE REC'D BY REGISTRAN 256 REGISTRAN S. SIGNATURE UL 2 2 1985 Financian Annaese. |



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| R.R. N | Ο. | | 9 | 5 | 3 | |
|-----------|-------|-----|------|---|--------|--|
| DE DE ATH | MONTH | DAY | VEAR | | N HOUD | |

| | ' · | REGISTRAR | | CERTIF | ICATE OF DEATH | 8 RR.N | 0. | 9 0 | 30 | | |
|-----|--------------------------------|---|---|------------------------------|------------------------------|----------------------------------|--------------------|---|--------------|--|--|
| | | CEASED NAME FIRST | MIDDLE | | AST | | MONTH DAY | YEAR 2b F | HOUR * | | |
| | | ORA | | L(| ONG | ,II | ILY 22 | 1985 | M | | |
| | 3. SE2 | | 4 RACE | 5. DATE (| | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR IF UN | NDER 24 HRS | | |
| 1 | F | PEMALE | NEGRO | 0 9 | 01 1907 | | 7. YRS. | | IKS MIN. | | |
| - | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COU | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | | | |
| 1 | | CAROLINA | U.S.A. | WIDOWI | | BALTIMORI | | | MD. | | |
| 7 | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE | E STREET ADDRESS] | | 12a USUAL OCCUPATION OF COMESTIC | F WORKING LIFE) | | SINESS OR | | |
| | | ALTIMORE AL RESIDENCE (IF NURSING HOME OF | LAKE DRIVE | | J HOME | DOPESTIC | | RETURED | | | |
| 5 | 13a. 9 | STATE 13b. COU | | RTOWN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | . 2121 | 1 7 | | |
| but | | ATHER'S NAME | 7 | | 15. MOTHER'S MAIDEN NA | | -111 -1 | | - / | | |
| 30 | | JIMMY | GRIF | | LEE ANN | T E' | | DOEGER | | | |
| _ | 16a V | VAS DECEASED EVER IN U.S. AR | | L SECURITY NO. | 17 INFORMANT | ADDRI | | DUEGER | | | |
| 1 | | YES, NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATEST | | | lant m | | | 4 | | |
| | | NO | ¥14-1 | 8-7321 | Marie Carte | r 4504 Fair | view Av | | - | | |
| | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | | APPROXIMATE BETWEEN ONSET | AND DEATH | | | | | | |
| | | IMMEDIATE CAUSE (0) ASCVD | | | | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | Canditions, if any, which | | | | | | | | | |
| | | gave rise to immediate cause (a), stating the underlying cause last. | | | | | | | | | |
| | | | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | |
| | z | | | IG TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN | IN PART TO | | | |
| _ | CERTIFICATION | COLONIC CA | NCER | WILCO ORFRATIC | NIAMAS BEREORIUS | 20s AUTOPSY? | Tank to vec v | WEDE EINIDINGS HISE | | | |
| 1 | 2 | 190 DATE OF OPERATION | 196 CONDITION FOR V | WHICH OPERATIO | IN WAS PERFORMED | 206 AUTOPST: | | , WERE FINDINGS USED YING CAUSES OF DEATH? | | | |
| _ | 1 = | | | | | YES NO | YES | | 0 🗆 | | |
| 0 | G | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | H DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | I OR PART 2) | | | |
| 7 | X | OR CONTRIBUTING CAUSE OF DE | AIH | 19 | | | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 21f LOCATION | CITY OR TO | | COUNTY | STATE | | |
| | X | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY | OFFICE, FARM, ETC.) | STREET | CITY OR IC | WN | COUNTY | STATE | | |
| | | 22a I certify that (1) | Minutended the deceased | from 1.1 A.1 | ICUST 1979 | to 22 JUI | V 19 | Q.5 thats | et (we) last | | |
| | | saw the deceased line on | ZZ JULY | | nd that in (my) XXX, opinion | | | | | | |
| | | 22b. SIGNATURE | ot) view the body after death. | | DEGREE | | | 22c DATE SIGN | JED. | | |
| | | THE SIGNATURE | | | ATTENDING | MEDICAL STA | FF | THE DAIL SIGH | LD | | |
| | 1 | <u> </u> | | 1 | | DIRECTOR PHYSIC | IAN 🗌 | 122 JUI | Y 85 | | |
| 1 | | 22d. PHYSICIAN'S NAME THE | OR PRINT) | | 22e ADDRESS | | | | | | |
| 1 | | ARTHUR M. LR | BSON | | 3640 FORDS | LANE BAI | TIMOR | E 21215 | j | | |
| | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF | EMETERY OR CREMATORY | 23d. LOCATION | | | | | |
| | | Burial | 7-26-85 | Arbatus | Memorial Par | k Arbutus, | Baltin | ore Co., | Md | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT: If them 21 is marked at Item 18 shaws any injury, at ather traumatic event, the should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remoyal

Marshall W. Jones, Jr. F.H. 4101 Edmondson Ave.

JUL 23 1885 June Dandson Hands

2d p. 21 standalat psychological laterality and a set (12)

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| | | | | | SIMIL | MMKILL | AITU | | | | | |
|--|---|--|---|-----------------------|------------|--|-----------------------|--|---|-----------------|----------------|-----|
| 220012 | 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR | | | | | | | | | 9 | 5 3 | 1 |
| | 1 DE | CEASED NAME FIRST | MIDDLE | E | LAST | | | 20. DATE OF DEATH | | AY YEAR | 2b. HOUR | , |
| As 171 | TYPE | CHRISTOP | HED I | | OVELA | `_ | | JULY 30, | 1095 | | 7:55 | |
| 1 | 3 SE | | 4 RACE | | DATE OF B | | | 6. AGE (IN YEARS LAST I | | IF UNDER I YEAR | | Μ |
| (ab) | | MALE | BLACK | | 2 MONTH |] 5 DAY | 48 | 37 | YRS. | ONIHS DAYS | HOURS MIN. | |
| 1 336 | | RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND | 76 CITIZEN OF WHA | | MARRIED D | • | WARRIED D | BALTIMORE CITY | CITY | OF DEATH | M | D. |
| 1 1 3 | 10 CI | TY OR TOWN OF DEATH ALTIMORE | 11. NAME OF HOSE (IF NOT IN SUCH FACE JOHNS HOI | ILITY, GIVE STREET AD | DRESS) | THER INST | TITUTION | 12a USUAL OCCUPA (TYPE OF WORK FOR MOS) | | | OF BUSINESS O | R |
| DO Scatt | USU | | OTHER INSTITUTION GIVE | RESIDENCE BEFORE AL | MISSION) | INICIDE | ITV I IAA ITCO | | / 7ID CODE | | | _ |
| 大 经 35 | | ARYLAND | BALTIMORE LOVE' ACE | | | 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP C 22] 3 MAD I SON | | | | /E. 2 | 1217 | |
| 1m 11 1 | _ | THER'S NAME | | | | MOTHER'S | S MAIDEN NA | ME | | VIII T | | _ |
| D 13800 | | WILLIAM | | | | FIRST MIDDLE RENA | | | | BECK | | |
| ž Parto | | VAS DECEASED EVER IN U.S. AR | | SOCIAL SECURI | | INFORMA | | ADD | RESS | | | _ |
| 54 -E | - | (ES, NO OR UNKNOWN) (IF YES GIV | E WAR OR DATES) | | | SHARO | N SEYMO | UR 1908 EL | OISE LA | | 2]040 | |
| The state of the s | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | D BY: | potensi | | | | | | BETWEEN | S hours | . < |
| rbon rrer ir rer | | IMMEDIAI | 1 | | | | | | | 1 | Oroca | - |
| death of the of | | Canditions, if ony, which | | ndi da | | | | No. of the last | | 6 | days | |
| the remo | | gave rise to immediate couse (a), stating the | DUE TO, OR AS | A CONSEQUEN | CE OF | | | | 1001 | 1 | 0 | |
| thot d by eose ol, c or oth | | underlying cause last | (ag | ived in | imunod | etrove | my syr | idrome (| 105 | dr | nonths | > |
| equires then plant to burn injury, o | NO | PART 2 OTHER SIGNIFICANT O | luve | RIBUTING TO DE | ATH BUT NO | T RELATED | TO THE TERM | INAL DISEASE OR CO | NDITION GIVE | N IN PART 1 | a | |
| he law roon. he see prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | N FOR WHICH O | PERATION W | AS PERFO | RMED | 200 AUTOPSY? | IN CERTIFY | _ | S OF DEATH? | |
| E 0 6 - | ERT | 21a. ACCIDENT WAS UNDERLYING | 7 21b. TIME OF INJ | JURY | 21 | E HOW IN | JURY OCCURE | YES NO NO NED (ENTER NATURE OF IN | YES | | NO D | _ |
| phys phys phys phys phys phys phys phys | | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. | MONTH DAY | YEAR | | | (2.11211.1121.0112.0112.011 | , | | | |
| Ing p ling p ovials wental | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. 21e PLACE OF IN | V II IPY | 19 | LOCATIO | ON | | | | | _ |
| G PH offer the cond | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET, F | ACTORY, OFFICE, FAR | M, ETC) | STREET | | CITY OR | IOWN | COUNTY | STATE | |
| or or see of the mark | | 22a I certify that (I) (his haspi | tal) attended the dec | ceased from | 6/1 | 65 | . 19 | 10 7/30 | 185 | 9 | that (Time) lo | st |
| TTEN TOR for of Ho | | saw the deceosed alive an obove, (I) (we) (did) (did na | 7 (30) | 19 | , and th | nat in my | aur) apınian | death occurred on the | date and hour | and fram the | couses stoted | |
| REC REC | | 22b. SIGNATURE | I view the body after | death. | DEG | REE | | | | 22c. DATE | SIGNED | - |
| the property of the Draw te Dr | | David P. | Cartina | | IMI | | ATTENDING PHYSICIAN F | MEDICAL ST | AFF | 7- | 30.89 | 5 |
| VER LER LER LER LER LER LER LER LER LER L | 1 | 224. PHYSICIAN'S NAME (TYPE O | OR PRINT) | | | e ADDRES | S | Half or Maria | | | | - |
| TO HOSPITAL retorned by the TO FUNERAL should be det with the Store | | DAVID P. C | ARBONE | £ | | ohns | . Hoplen | Hop. We | Iffe St. | Baltin | mmD | ľ |
| | (| SURIAL, CREMATION, REMOVAL | | | | | CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE | |
| BP | E | NTOMBMENT | 8-5-85 | WO | ODLAW | CEM. | | BALTIN | | MARYL | | |
| DHMH - 16 60M 7/84 | 24 FL | INERAL DIRECTOR | 32 | ADDRESS | | | | REC'D. BY REGISTRA | | AR'S SIGNAT | | |
| (VRA 15. 4) | | E I DHIIIIDS | 1721 N | MUNBUE 6 | T | | /// | IC & MOE | CHEROLO VI | RIH & AmA_ | Mancle DO | |

DHMH - 16 50M 4/83 (VRA 15, 4)

25

ALMAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial 8/1/85

274 PHYSICIAN'S NAME (TYPE OR PRINT)

22h SIGNATURE

230 NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.

121

DEGREE

27e ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION Baltimore

DIRECTOR PHYSICIAN

STAFF

 MD^{STATE} CO. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

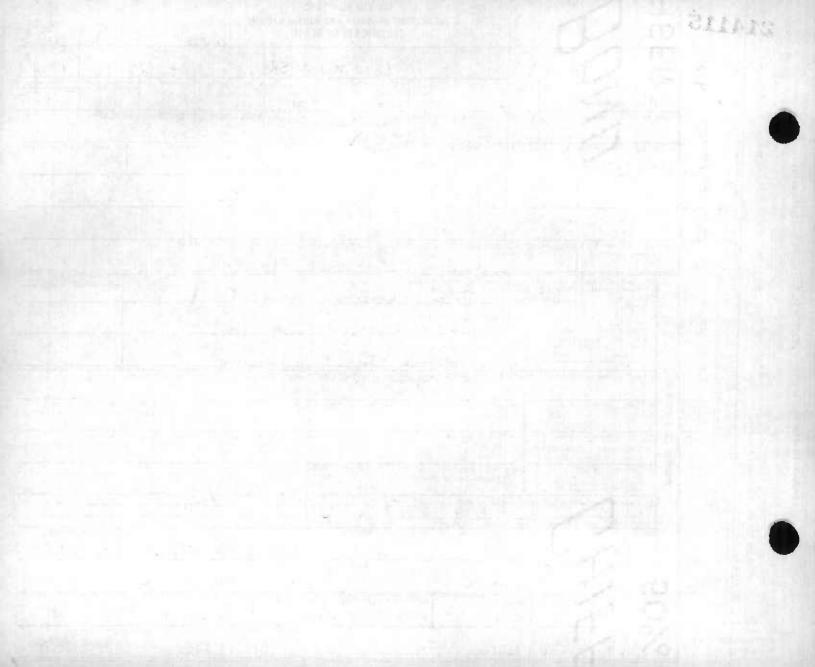
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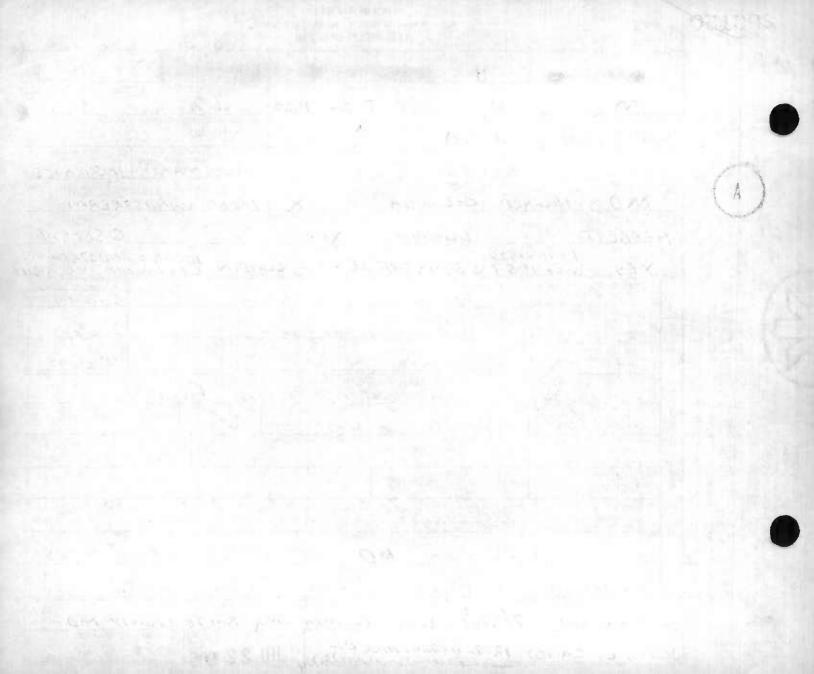
22c. DATE SIGNED

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

abave, (1) (we) (did) (did not) view the body after deoth.

MEDICAL





| 202199 | 1. | FOR STATE REGISTRAR | | DEPARTI | MENT OF H | E OF MARYLA EALTH AND I ICATE OF E | MENTAL HYGI | 8 RE | 63NO. | 1 9 3 | 5 4 U |
|--|---------------|---|--------------------------------|---|------------------------------|------------------------------------|----------------------------------|--|--------------------|---|----------------------------|
| to # 31 3 | | CEASED NAME FIRST | Joseph " | Frank | Li | AST Lut | 3 | 20. DATE OF DEA | 8 /85 | DAY YEAR | 26. HOUR 10 PM |
| 113 | 3. SE | × Male | 4. RACE | White | 5. DATE C | of BIRTH | 9.8 | 6. AGE (IN YEARS L | AST BIRTHDAY) YRS. | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| OI TERE | | IRTHPLACE ESTATE ORFOREIGN COUNTRY) COUNTRY) | U.S.A | | WIDOWE | D DI | MARRIED XX | 9. BALTIMORE C | timore | of DEATH | MD. |
| by the full formal form | | Baltinore | Masen | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION AND IN SUCH SICILITY. GIVE STREET ADDRESS) MASON L. LOND MURSING HOME | | | | 12ª USUAL OCCI | | 12b. KIND C INDUSTRY. | can Brew |
| AND 212 n 24 hour filled in hould be | 13a | Maryland < | ME OR OTHER INSTITUTION, OUNTY | GIVE RESIDENCE BEFORE 13c. GITY OF TOW | E ADMISSION) IN DIRE | 13d INSIDE C | NO 🗌 | 729 Sou | ess / ZIP COD | ing St. | 21224 |
| MARYL ted within pmpletely ond 2 s | 14. F. | Francis | MIDDLEY. | Lutz | | 15. MOTHER'S | S MAIDEN NAM Eirst Ezabeth | MIE | | Buetto | ier |
| be executed on ond of second of seco | | WAS DEGEASED EVER IN U.S YESYNO OR UNKNOWN) (18 YE | ARMED FORCES? | 216-01-1 | | Mary (| | rbert 72 | 9 S.Conk | | L 21224 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 Hours of a catefording physician and completely filled in both free this certificate as been signed by the ottending physician and completely filled in both the variod-transit permit. Then please remove carbon papers. Pages I and 2 shalld be fill the and Mental Hygiene prior to buriol, cremation, ar removal. orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flust be an orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flust be an orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flust be an orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flusts be an orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flusts be an orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flusts be an orked at Hem 18 shows any injury, or other traumatic event, the medical examiner flusts are also as a constant and a cons | NO | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA | b (b) | | ENCE OF | Y- NOT RELATED | Aracio TO THE TERMI | Lale NAL DISEASE OR | CONDITION GI | VEN IN PART 1: | 01 |
| TAL RECOR | CERTIFICATION | 19a DATE OF OPERATION | | FION FOR WHICH | OPERATIO | | | YES NO | IN CERTI | S, WERE FINDIN FYING CAUSES ES [] | NGS USED OF DEATH? |
| AG PHYSICIAN: T ottending physicic retrative conficione is the buriol-tronsit hand Mental Hyginked or frem 18 sh | MEDICAL CE | 210, ACCIDENT WAS UNDERLYIM OR CONTRIBUTING CAUSE OF LIFE EITHER MOTHY MEDICAL EXA. 21d. INJURY OCCURRED WHILE AT WORK AT WOORK | MINER) HOUR A.A. | A. MONTH D. A. | AY YEAR 19 FARM, ETC) | 211 LOCATION STREET | ON | ED (ENTER NATURE C | OR TOWN | PART I OR PART 2) | STATE |
| ATTENDIN ATTENDIN ECTOR: Af d for use of f. of Health | | 22a.l certify that (I) (this because allowed above, (I) (we) (did) (did) | e on // 8 | 19 | | | (our) opinion d | eoth occurred on | the date and ha | ur and from the | |
| by the high grant of the by the high grant Digital Dig | | 22h. SIGNATURE | week | | | DEGREE A 1220 ADDRES | | MEDICAL DIRECTOR P | STAFF TYSICIAN | 7-9 | -8T |
| TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store | 12- | A | I, Luc | | NAME OF C | 25 | ob EAS | A CUST | 10 | AND ON | 21224 |
| ВР | | BURIAL, CREMATION, REMO (SPECIFY) Burial UNERAL DIRECTOR | 7-12- | | acred | Heart | of Jesu | 23d. LOCATION CITY OR TO DUNCA REC'D. BY REGIS | Uk Balto | Co. Ma | STATE |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | harles S.Zeil | er & Son S | nc. 90% | S.Cont | eling S. | | L 12 1 | 4.4 | Bevilson-V | fandelle |

1000 11 11 11 osti ice License je 11.5.6 wan F. for wis for section smerien see. Dro i z The dismosa on 729 Town Commission St. 21224 media to the same 11.12 7-12-5 read her o in later of 201-6 just es seiler on me. W. S. Gendine S. 20501

| | 1 - | FOR STATE REGISTRAR | DEPARTN | ENT OF H | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE RED NO. | 19 | 5 4 1 | | | |
|-----------------------------|---------------|---|--|--------------|---|--|---|---------------------------------------|--|--|--|
| 1 | | CEASED NAME FIRST | WIDDLE | L | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b HOUR | | | |
| 90 | files | Laura Agnes | Lyell | | | 7/18/85 | | 9:30PM | | | |
| 1 | 3. SE) | Female | Cauc. | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) 71 Y | MONTHS DAYS | | | | |
| 1 | 7a BI | COUNTRY | CITIZEN OF WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CITY OR COL | | | | | |
| | 10 CI | Maryland IYOR TOWN OF DEATH Balto. | USA NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 1700 Meriden | ADDRESS) | PROTHER INSTITUTION | Baltimore 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife | 12b. KIND (| MD. OF BUSINESS OR | | | |
| ed See | 13a. S | AL RESIDENCE (IF NURSING HOME OR O'STATE 13b. COUNT' | | | 13d INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS / ZIP (700 Meriden | ode Apt. e Dr. 2 | 301 1239 | | | |
| No. | | | CGuire LAST | | FIRST | te E. Engelh | ardt | st | | | |
| icol | | VAS DECEASED EVER IN U.S. ARM | | RITY NO. | 17 INFORMANT | ADDRESS | arut | | | | |
| med | () | YES NO OR UNKNOWN) (IF YES, GIVE Y | 212-09- | 4488 | Thomas D. | Lyell, same | addres | S | | | |
| or other troumotic event, t | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO). DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| injury, o | NOI | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | |
| 9 que sono | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | | IF YES, WERE FIND ERTIFYING CAUSE YES [| | | | |
| lem 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITE | M 18 PART OR PART 2) | | | | |
| rked or B | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | ARM, ETC } | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | | |
| 21 is mo | | 22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not) | 7/18 19 | ST. 01 | nd that in (my) (our) opinion (| death occurred on the date and | d hour and from the | that (1) (we) lost e couses stated | | | |
| IT. If Hen | ě. | 22b. SIGNATURE | ugan | | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | -1 | 19/5 | | | |
| MPORTAL | | NAME VITYPE OR I | Jan M. K |) . | ADDRESS C | 3.dalle, | at.1 | 1700 | | | |
| \$ | | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE | | | |
| _ | В۱ | urial | 7/22/85 P | arkw | ood Cemeter | y Balto., Mc | 1. | | | | |

21213

DHMH - 16 60M 7/B4 (VRA 15, 4)

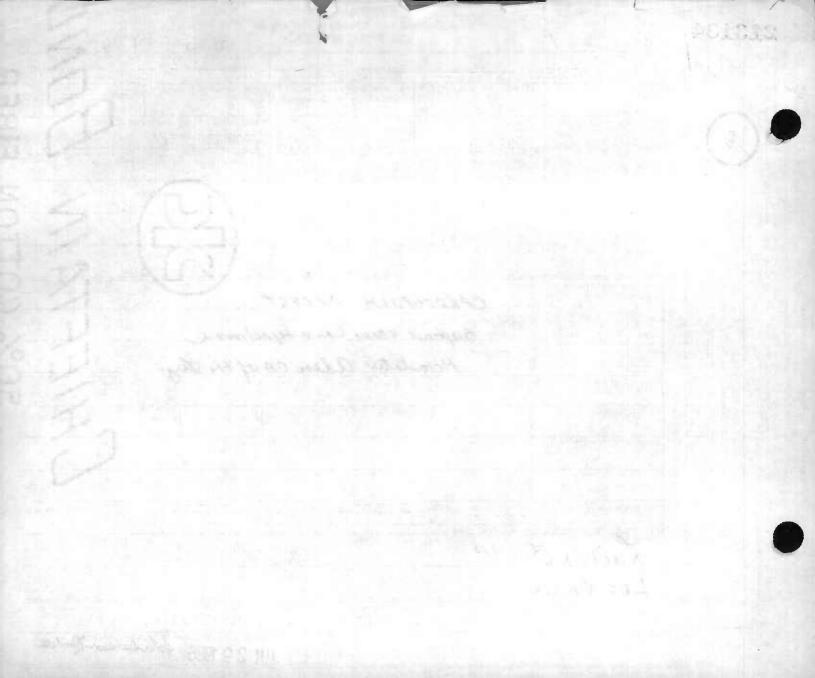
should be detached for use as the burtal-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

24 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 331 Brehms Lane, Balto., Md

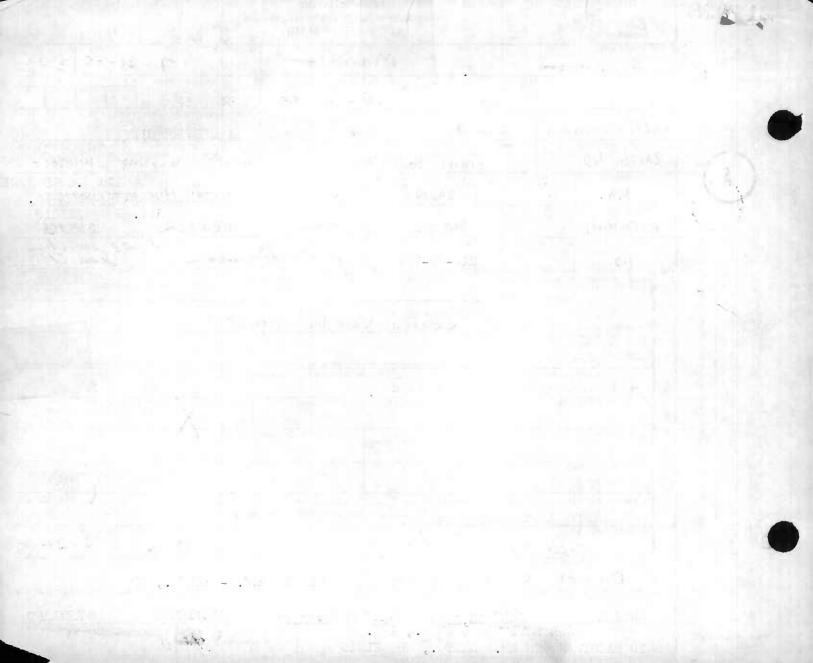
250 DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE

(VRA 15, 4)





| 211098 | y | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 56. N | 0. | 9 5 | 44 |
|---|----------------|---|---|---|-----------|--|----------------------------------|--|---------------|------------|
| 111/ | 1. DE | CEASED NAME FIRST | | MIDDLE | | andl | 26. DATE OF DEATH | 7 3. | - 85 | 3 25 PM |
| rector, p | 1.58 | male | 1. RACE Cauca | | | | 6. AGE (IN YEARS LAST BIR | YRS. | HS DAYS | HOURS MIN. |
| decition of the state of the st | Ĉi | RTHPLACE (STATE OR FOREIGN COUNTRY) COCK 3 COVAKII | 7 7. | S. 1. | MARRIE | | 9. BALTIMORE CITY C | RE CITY | | MD. |
| | B | ALTO , MD. | (IF NOT IN SE | SIMAI HE | JP 177 | | TYPE OF WORK FOR MOST C | ECVIVE | WHOL | |
| U 86 | 13a. S | | OUNTY | 130. CITY OR TOW | N | YES YES NO | 13e.STREET ADDRESS | CXXXXXXXX | XXXXXX | XX LA. |
| ompleted on 2 2 1 on 4 2 2 | 3 | ABRA HAH | MIDDLE | MANDL | | 15 MOTHER'S MAIDEN NAI | KRIEGO | | XXXX | |
| LTIMORE be executed on the property of the pro | | VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE | S, GIVE WAR OR DATES | 214-09-76 | | 17. INFORMANT | Firelen | ss 8201 | Jeal | 212 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL ND DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL ND TO PHYSICIAN: The low requires that the death certificate be executed within 2 as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 are buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 are buriol than and Mental Hygiene prior to Buriol, cremotion, or removal. | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (0), stoling the underlying couse last PART 2. OTHER SIGNIFICA A FLEVIOSE (198 DATE OF OPERATION | DUE TO, (c)_ NT CONDITIONS C | DR AS A CONSEQUE DR AS A CONSEQUE CONTRIBUTING TO D CONTRIBUTION FOR WHICH | ENCE OF | Vascular A | | DITION GIVEN II 20b. IF YES, WE IN CERTIFYING | RE FINDING | |
| VISION OF VITAL BY STELLAND STREET THE STREET OF THIS CERTIFICOR TO THE BUTTON THE BUTTO | MEDICAL CERTIF | 21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTHEY MEDICAL EXAL 21d IN JURY OCCURRED WHILE DOT WHILE AT WORK AT WORK | HOUR A | OF INJURY L.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F. | 19 | 211 LOCATION STREET | RED (ENTER NATURE III AND | YES THE THE PART I | | NO STATE |
| HOSPITAL OR ATTEND inted by the hospital of FUNERAL DIRECTOR. A build be detoched for use the State Dept. of Heal on the State Dept. of Heal | | 22a.1 certify that (I) (this has a sow the deceased olivobove, (I) (we) (did) | ospitol) ottended to on d not) view the bod | y ofter death. | , or | 22e. ADDRESS | MEDICAL STA DIRECTOR PHYSIC | ote and havi and | | |
| BP | | BURIAL, CREMATION, REMO SPECEFY) BURIAL JINERAL DIRECTOR SOI | VAL 236. DATE | 23 1985 H | IAME OF C | FRIENDSHIP | 23d LOCATION CITY OF TOWN BALTIM | ORE | | RYLAND |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | 010 REISTERST | | | | | ULZ O MOD | June | I MODE | |



| | FOR | | DEE | STATE | OF MARYLA | | ME | | | |
|--|--|--|--|--|---------------|-------------|--|--------------------|-----------------|----------------------------------|
| 0030 | - STATE REGISTRA | AR . | 011 | | CATE OF DI | | 8 5G.N | 10. | 9 5 | 4 5 |
| 31 5 |). DECEASED NA (TYPE OR PRINT) | TOHN |) F. | 4, | ANGUI | | 20. DATE OF DEATH | MONTH D | SS- | 26 HOUR 7 40 F |
| 94 | 3. SEX | ale | A RACE White | S. DATE O | DAY | YEAR | AGE (IN YEARS LAST BI | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| Denie / | 7a BIRTHPLACE | I STATE OR FOREIGN | 7b. CITIZEN OF WHAT COUN | VIRY? 8 | 24 | 18 | 66 BALTIMORE CITY | YRS. | OF DEATH | |
| 2 | COUNTRY) | 10. | U.S.A | WIDOWE | D DIV | ORCED | | TIMOX | e c | ity MD. |
| 43 | BAL | TIMORE | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SOUTH BAL | | GENER | 001 11. | 120 USUAL OCCUPAT TYPE OF WORK FOR MOST Supervis | | INDUSTRY | tion, A.A |
| on 2 should the | USUAL RESIDEN 130. STATE A STATE FATHER'S NA FIRS TOL | Anne | Arundel 640 | E BEFORE ADMISSION) R TOWN FINOKE SI JOUN ST | 15. MOTHER'S | | 3e.STREET ADDRESS | / ZIP CODE ANKC | in AU | 1E, 2122 |
| Poges 1 | 160 WAS DECEA | | | L SECURITY NO. | 17 INFORMAN | | ADDR | | | |
| S. Page | | | I 214-0 | 5-3766 | Charle | es Mangu | ım 314 Tow | nsend A | | |
| maval. | 18 CAUSE PART I | DEATH WAS CAUSE | ly one couse per line for (o), (D BY: TE CAUSE (o) Cardi | | משוני כח | arre | s f | | BETWEEN O | MATE INTERVAL DNSET AND DEATH |
| n signed by the atten Then please remaye of to burial, crematian, njury, ar ather traum | gove ris couse (underlyin | | DUE TO, OR AS A CON (b) ARTER DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION TO PROPERTY OF THE | SEQUENCE OF | | | NAL DISEASE OR COM | | | 31 |
| ows any ir | CERTIFICATION 130 DATE (| OF OPERATION | 196 CONDITION FOR W | WHICH OPERATION | N WAS PERFOR | RMED | 200 AUTOPSY? | | WERE FINDIN | |
| Tighthan Tighthan | OR CONTRH | NT WAS UNDERLYING BUTING CAUSE OF DEA | HOUR A.M. MONT | H DAY YEAR | 21c HOW INJ | URY OCCURRE | D (ENTER NATURE OF INJ | URY IN ITEM 18 PA | RI I OR PART 2) | land. |
| orked or 1 | (IF EITHER, 21d INJUR | Y OCCURRED NOT WHILE AT WORK | 210. PLACE OF INJURY (AT HOME, STREET, FACTORY O | OFFICE, FARM ETC) | 211. LOCATION | N | CITY OR TO | OWN | COUNTY | STATE |
| Dept. of Heal | sow 1 | he deceased alive on , (I) (we) (did) (did no | tol) offended the deceased the body offer death. | 19 05 , on | DEGREE | ITENDING | oth occurred on the o | AFF A | | |
| or the S | 22d. PHYSI | ADRU | BASS IM | | 22e ADDRESS | | TIMORE | GENE | ERAL | 1+05P_ |
| oks M | (SPECIFY) | mation, removal Burial | 7/6/85 | Cedar H | EMETERY OR CE | netery | Balto Balto | | A.A. | Mã |
| - 16 50M 4/83 (RA 15, 4) | 24 FUNERAL DIE | RECTOR | 4001 Ritchie | Hgwy Ba | lto Md | 25a. DATE | REC'D. BY REGISTRAF | 256 REGISTR | AR'S SIGNATU | JRE MORE |

. A. E. noffeeteen PERMS DELLA TALLES MONTH OF THE MET STEED NOVEL . NOVEL .

Date tity a committee of the Late of the Co The state of the s • • • The Later and the second of the control of the cont Ad. --- Rel Core & Hall & Modinger St. --Corelt - Flavors arente - Cuites

The control of the co

FOR

BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that (1) (we) last and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN BALTIMORE MARYLAND 21201 234 NAME OF CEM 124 OF REMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

126 KIND OF BUSINESS OR

IF UNDER I YEAR

MONTHS DAYS

INDUSTRY

DHMH - 16 50M 1/76

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(VR A 15 (4))

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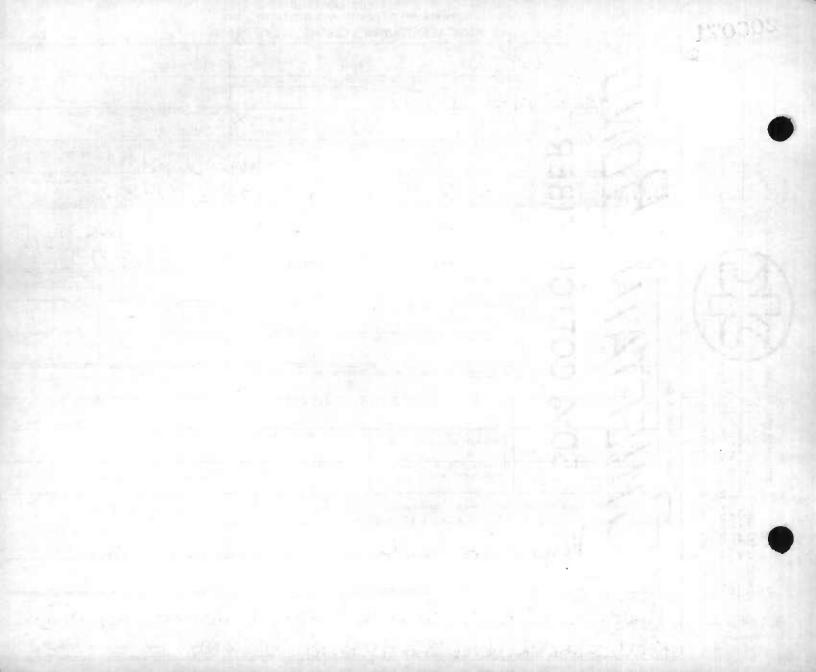
(VRA 15, 4)

The same and the same of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 203322 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGISTRAR REGINO. 20 DATE KNOWN DECEASED NAME FIRST (TYPE OR PRINT) OF ESTI-William G Markers 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Male White July 11,1930 54 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOR Kentucky U.S.A. WIDOWED . DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Pimlico Race Track Baltimore Race Horse Handler 21201 Maryland 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore YES K Pimlico Race Track NO D Barn #7 MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST BALTIMORE. Harold Markers Marjorie Parker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, ORWENSOWN) Addison Ill. Korean 340-22-7665 John Humes 320 W 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION Diabetes mellitus & Chronic obstructive pulmonary disease 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X E 3 SHOULD BE L 8 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy Natural couses death resulted from Homicide Undetermined manner TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7/9/85 SIGNATURE. Gregory R. Kauffman, M.D. ADDRES EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 7/11/85 Elm KNKKK Lawn Elm Hurst, Illinois 07/84 BP 25M 24. FUNERAL DIRECTOR 75a. DATE REC'D. BY REGISTRAR **DHMH - 17** Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

11 10 per sicularity of

| | , | | STATE OF MARYLAND | |
|---|---------------|--|--|-------------------------|
| 20000 | 11- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| 206071 | 1 | REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH, REGINO. | 5 5 |
| 11 | | CEASED NAME FIRST | MIDDLE LAST 20. DATE KNOWN X MONTH | DAY YEAR 126 HOU |
| W-1-29 M | (TY | Jeffre | OF ESTI- | 30/ 05 |
| 86988 | 2 CE | | | 18/19 85 / |
| SARY, REAL ALDIRECTOR YOUR FILE STON STREE | I A | And Ala al | 5. DATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED | 8:25 |
| SESSE S | | HILL INCOKOL | ADKILIS 1957 27 YRS. DEAD 7/ | 18/ 19 85 P A |
| のまる主張7) | 70-8 | IRTHPLACE (STATE OR DREIGN COUNTRY) | b. CITIZEN OF WHAT COUNTRY? | |
| PARENT PRESE | 14 | ENNSULVANIA | WIDOWED D. DIVORCED Baltimore City, | |
| afficient sets to the com- | 10 C | | 0 1 0 1 1 | 126 KIND OF BUSINESS |
| AGE PAGE | 5 | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| 第二次第3 - | 11011 | | Johns Hopkins Hospital UNEM OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | A//01/0 |
| 2 503300 / | 134 | TALE 1 136 COUNTY | | 21212 |
| 2 多数的 | 7 1 | AKYLAND | BALTIMORE YESDS NO 1734 E. 37 "517 | keet |
| PS AT THE PERSON OF THE PERSON | 16.6 | AGIER'S NAME | MIDDLE AST / IS MOTHER'S MAIDEN NAME MIDDLE / | |
| AN EN EN | | Katon | MARCHAIL DOROTHY MODE (UV. | last LAST |
| URS AFTER DEAT WITH FORM PW WITH FORM PW T. PAGES I AND I DIVISION OF VID | 160 | WAS DECHASED EVER IN U.S. ARMI | ED FORCES? 166. SOCIAL SECURITY NO. TIT-NFORMANT | 9/2/2 |
| ATT FEET OF SESSION / | (| YES, NO, OR UNKNOWN) (IF YES, GIVE W | AR OR DATES) 220 - 12 - 0257 DWDTA MD 1 7215 | 277/2 |
| BALTI S AFT GIVE ITH F PAGE IVISIC | | 90 | 1200 01-000 1 JOHN THEONER 104 E | 2121 |
| TT., 18. | | 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED | one couse per line for (a), (b), and (c).) | BETWEEN ONSET AND DEATH |
| IN 24 HOUI IN 17EM 18 R ALONG V R ALONG V HYGIENE, I MOVAL. | | | CAUSE (0) Gunshot Wound of Head | |
| PRESTON ITHIN 24 P. JER ALON JER ALON ALNSIT PER REMOVA | | | DUE TO, OR AS A CONSEQUENCE OF | |
| PREV FENS FENS FENS FENS FENS FENS FENS FENS | | Conditions, if ony, which gove rise to immediate | (b) | |
| N N N N N N N N N N N N N N N N N N N | 35 | cause (o) stating the under- | DUE TO, OR AS A CONSEQUENCE OF | |
| 201 W. PRESTON ST UTED WITHIN 24 HOI IN PENCIL IN ITEM IS SEAAMINER ALONG SIAL-TRANSIT PERMI D MENTAL HYGIENE, ON, OR REMOVAL | | lying cause last. | | A PIST VIEW |
| S. S | | PART 2 OTHER SIGNIFICANT CONDITIONS CO | (c) INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| BIVISION OF VITAL RECORDS, 201 W. PRESTOS CRITICION OF WITHIN 2. RETING THE WORD. "PENDING". IN PENCIL IN IT ROED TO THE CHIEF MEDICAL EXAMINER ALGES 3 SHOULD BE USED AS BURIAL -TRANSIT PE DEPARTMENT OF HEALTH AND MENTAL HYGO PRIOR TO BURIAL, CREMATION, OR REMOVE | z | TAKE E OTHER SIGNIFICANT CONDITIONS CO | THE STATE OF THE SECURE OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE | |
| RECO ILD BE PENDI | CERTIFICATION | 19a, DATE OF OPERATION | | |
| SHOULD ORD "PE OHIEF A CHIEF A CHIEFAL, C | 5 | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| SHO ORD CHIEF US | 1 = | | | YES X NO [|
| AEN PER MEN | ₹ 8 | 210 EXTERNAL CAUSE WAS | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR | RT 2) |
| PICAL OULT OULT OULT OULT OULT OULT OULT OUL | 1 3 | UNDERLYING XXOR CONTRIBUTING CAUSE OF DE | | |
| VISION CETIFI TING 1 SED TO 3 SHO DEPAR | MEDICAL | 214 INTURY OCCUPPED | 21e PLACE OF INJURY (ATHOME, 21f. LOCATION | |
| PIN | 2 | WHILE NOT WHILE AT WORK | | UNITY STATE |
| PAWAY 212 | 10 | AT WORK AT WORK | street 700 Blk. E. 37th St., Balto. Cit | y, Md. |
| SE S | ll a | 22a I certify that I took charge | of the remains described above, held an Autapsy 🐰 , Inspection 🔲 , Inquiry 🔲 , and in my ap | inion |
| MAN HELD | 100 | death resulted from: Natural | couses , Accident , Suicide , Homicide X, Undetermined monner , | |
| AK WEEK | | N. | TITLE (SPECIFY) | |
| THE STATE OF THE S | | SIGNATURE WOUND | DATE SIGNER | 7/19/85 |
| SE S | 7 | | TOTAL ENAMINER STORES | 77.27.00 |
| MEDIC CUTE T SE 4 SI FUNER FUNER TIMOR | - | (TYPE OR PRINT) Marg | arita A. Korell, M.D. ADDRESS 111 Penn St. | |
| DIVISION OF VITAL R DIVISION OF VITAL R EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFIRE DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. | 73e B | HEIAL, CREMATION, REMOVAL 236 | | |
| | 10 | 27214 | DATE 23 NAME OF CEMETERY OR CREMATORY 230 LOCATION STORIGHT | ITY A SATE |
| 07/84 BP | 74.1 | THERA DIRECTOR | TALL REGISTRAN SI | 1 (1) |
| DHMH - 17 | V | 1 1000 | DDRESS O SO | GNATURE |
| (VR A15 ME (5)) | 1 | recontribera | T NOME OF THE ROLL OF THE STATE | an-Monares |



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certificate has bei

FUNERAL DIRECTOR.

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BP.

should be detached t

MPORTANT.

or He

PRESTON ST

DIVISION OF VITAL RECORDS, 201

| | DEPARTM | ENT OF H | OF MARY EALTH AND ICATE OF | MENTAL HY | GIENE | 8 | FEG. N | 0. | |) 5 | 5 | 2 |
|---------------------------------|---|----------|----------------------------------|-------------------------|--------|----------|---------------|----------------|---------|-------------------------|-----------|---------------|
| A | AIDDLE | l | AST | | 20 D/ | ATE OF | DEATH | монтн | DAY | YEAR | 2b HO | JR - |
| | М. | Ma | rtin | | | | | 7 | 5 | 85 | 5:4 | 0 A |
| RACE | MARKET PER | 5 DATE C | | | 6. AGI | E (IN YE | ARS LAST BIR | THDAY | _ | INDER I YEAR | IF UNDER | 24 HR5 |
| White | | Jul | y 11, | 1901 | | 83 | | YR | S | ins DAIS | HOURS | MIN |
| CITIZEN OF V | WHAT COUNTRY? | 8 | - D NEVES | R MARRIED - | 9 BAL | LTIMOF | RE CITY C | | _ | DEATH | | |
| U.S.A | ۷. | WIDOWE | | DIVORCED X | x | Bal | timo | re C | city | | | MD. |
| (IF NOT IN SUCI | HOSPITAL, NURSING HEACILITY, GIVE STREET A CY HOSPITA | DDRESS) | R OTHER IN | ISTITUTION | | | FOR MOSIC | | G LIFE) | 126. KIND (INDUSTRY | of Busin | ome |
| more | GIVE RESIDENCE BEFORE 136 CITY OR TOWN TOWSON | | 13d INSIDE | CITY LIMITS? | 13e ST | 745¢ | DDRESS Jef | zıp co fers | PDERO | ad 21 | 204 | |
| DIE | Cole | | | R'S MAIDEN N JNKNOWN | AME | | WIDDLE | | | Poŵ | son | |
| FORCES? | 166 SOCIAL SECUE | RITY NO. | 17 INFORA | TAANT | | | ADDR | ESS | | | | |
| AR OR DATES) | 217-20-4 | 468 | Mrs | Wendy | J. G | reer | nawal | t, S | Same | As # | 13e | 2120 |
| ne couse per Y. (AUSE (o) | line for (01, (b1, and | i ph | po ce | rdia | P 8 | Lu | lar | ite | ou | APPRO) BETWEEN | ONSET AND | RVAI DEATH |
| DUE TO, OF | A A CONSEQUE | NCE OF | cler | ôtee | He | al | + | DIS. | en | وو | | |
| DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | | | - | | |
| (c) | THE COLUMN | | | | W | | | | | | | |
| nete | ONTRIBUTING TO D | ne | Br | our t | yn | ISE ASE | | | | IN PART 1 | | |

underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) OR CONTRIBUTING CAUSE OF DEATH

23b. DATE

7-8-85

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M.

211 LOCATION

NOF

CITY OR TOWN

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (1) (we) (dig (did not) view

27b. SIGNATURE

REGISTRAR DECEASED NAME

Female To. BIRTHPLACE (STATE OR FOREIGN

Maryland

ID CITY OR TOWN OF DEATH

Baltimore

Craven

Maryland FATHER'S NAME

NO

Beulah

COUNTY Baltimore

MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)_

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (o), stoting the

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY

4 RACE

76 CITIZEN OF

11. NAME OF (IF NOT IN SI

(TYPE OR PRINT)

3. SEX

he body after death

(AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

and that in (my) (our) opinion death accurred on the date and have and from the causes stated DEGREE

ATTENDING MEDICAL STAFF MEDICAL

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL CREMATION, REMOVAL

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Dr. Sukh Dev. Auila

5211 Harford

23d LOCATION CITY OR TOWN Mt. Zion Methodist Cem.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Burial

ADDRESS 1050 York Rd Ruck Towson Funeral Home, Inc. Towson, Md. 21204

TO THE SEAR 256. REGISTRAN'S SIGNATURE

Hampstead, Maryland

t i STATE OF THE PARTY o_tm. .v=v 1.32 .4 .b. Droiner Litt

- STATE

TYPE OR PRINTS

MALE

n BIRTHPLACE

COUNTRY

TEXAS

TDAHO

FATHER'S NAME

HECTOR

(YES NO OR UNKNOWN)

TITY OR TOWN OF DEATH

Baltimore

SEX

REGISTRAR

Paul

A STATE OR FORFIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which

gave rise to immediate

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION.

ELMORE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (0)

CAUCASION

U.S.A.

7h CITIZEN OF WHAT COUNTRY?

L DECEASED NAME

Martinez

5. DATE OF BIRTH

WIDOWED

Disseminated Kapos Sarcoma

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

FNOT IN SUCH FACILITY GIVE STREET ADDRESS)
Maryland General Hospital

MT. HOME

MARTINEZ

166 SOCIAL SECURITY NO

Severe Anemia

DUE TO, OR AS A CONSEQUENCE OF

518-64-6696

MARCH 18, 1958

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

17 INFORMANT

211. LOCATION

15. MOTHER'S MAIDEN NAME

DIVORCED

NO FNO

ADELATDA

July 30, 1985

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

20 DATE OF DEATH MONTH

A AGE (IN YEARS LAST BIRTHDAY)

12m USUAL OCCUPATION

BARTENDER

ADELAIDA MARTINEZ. MOTHER, SAME AS ITEM #13

28n AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL

CITY OF TOWN

Julu 30

STAFF

LITYPE OF WORK FOR MOST OF WORKING LIFET

27

IF UNDER 1 YEAR

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

24 hours

4 months

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

85

YES

BAR

LEAL

1:40P

DHMH - 16 60M 7/84 (VRA 15, 4)

couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause Aquired Immune Deficiency Syndrome PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 22a.1 certify that 20 (this hospital) attended the deceased from July 15 sow the deceased alive on July 30 .19 85 and that in (XX (our) opinion death occurred on the date and hour and from the causes stated obove XIXwe) (did) (dXIXXX view the bady after death 77b. SIGNATURE 224 PHYSICIAN'S NAME LITTE OF PRINT LLIAM 230. BURIAL CREMATION, REMOVAL BURTAT.

c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEM.

DEGREE

22e. ADDRESS

23d. LOCATION MOUNTAIN HOME ELMORE. IDAHO

. 19 95

ATTENDING

PHYSICIAN []

1804 AMET ST., N.W., WASHINGTON, D.C. 20009

DIRECTOR PHYSICIAN

RAR 256. REGISTRARISSICALIATION

DIVISION OF VIT

| | 1 | | | | STATE OF MARYLAI | ND | | | |
|--|---------------|--|----------------------------------|---------------------------------------|--------------------------------------|------------------|-------------------------|---|---|
| 207105 - | 1 | FOR STATE | | DEPAR | TMENT OF HEALTH AND M | IENTAL HYGIEN | E | | |
| 201700- | 1 | REGISTRAR | | | CERTIFICATE OF DI | EATH | B SEG. NO. | 9: | 3 3 4 |
| | | | FIRST | MIDDLE | LAST | 20 | | ONTH DAY YE | AR 2b HOUR 5 |
| of 65 6 | TYPE | OR PRINT) | Desth | Edwards | Maginaunn | | July : | 10 1005 | 0-20436 |
| poge 3 | 3. SE: | Mary | Ruth 4. RACE | Edwards | Masincupp 15. Date OF BIRTH | 6.4 | GE (IN YEARS LAST BIRTH | 19, 1985 DAY) IF UNDER T | 9:30AM YEAR IF UNDER 24 HRS |
| offe. | 100 | | | | MONTH DAY | YEAR | | | DAYS HOURS MIN. |
| ogo ogo | _ | Female | + | asian F WHAT COUNTR | May 29, 192 | | 64 | YRS. | |
| th. Po | | RTHPLACE (STATE OR FOR | EIGN /6 CITIZEN O | F WHAI COUNTR | MARRIED NEVER M. | ARRIED - | BALTIMORF CITY OF | OUNTY OF DEAT | П |
| deo deo | | rth Carolin | | d States | | | Baltimore | | ° MD. |
| 11/1/2 | 10 C | TY OR TOWN OF DEATH | | F HOSPITAL, NURS | SING HOME OR OTHER INSTI | | USUAL OCCUPATIO | | ND OF BUSINESS OR |
| i king | | 1timore | South | Baltimor | e General Hosp | oital 18 | Secretary | Not | Avail. |
| 1 5 a a | USU. | AL RESIDENCE (IF NURSING | HOME OR OTHER INSTITUTION | ON GIVE RESIDENCE BEF | ORE ADMISSION) WN 13d. INSIDE CIT | TY LIMITS? 1130 | STREET ADDRESS / | 7ID CODE | |
| 計算第分 | | | Montgomer | | | | 09 Baltimo | | 20851- |
| ¥ 5€ ± X | | THER'S NAME | 7 | | 15 MOTHER'S | MAIDEN NAME | | 6.3. # | - An- |
| MAR wed | | Lee | Van | Edwards | | ttie | Belle | I | nman |
| Vico de Co | | VAS DECEASED EVER IN | U.S. ARMED FORCES? | | | N Sister | | e Street | |
| IMOR n ond Poges | 1 | No | IF IES, OIVE WAR ON DATES | 578 20 | 8930 Edith | Cashwell | Fayette | eville, N | .C. |
| ALT sicro pers ol. | | 18 CAUSE OF DEATH | Enter only one couse p | er line for (o), (b), | ond (c).) | | | BETY | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| T., BAL infricote physicin poper movol. | | PART I. DEATH WAS | S CAUSED BY: AMEDIATE CAUSE (o)_ | Carling. | arian | | | | |
| ON S ding corbo or re | | 1/4 | | | WELLER OF | _ | | | |
| STO eoth on, o | | Conditions, if any, v | | OR AS A CONSEC | his interes | line 11 | ntereleta | /) | |
| W. PRESTON ST of the death cert of the attending is se remove corbon cremation, or res | | gave rise to immer couse (a), stating | diote) | - Marie Carl | and way were | 1 11 | 44 4 3 4 | 1 | |
| W. by the see of the other | | underlying couse | lost DUE 10, | OR AS A CONSEC | OUENCE OF CARGONIA | ne freary | factal; Heter | verberla | |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The law requires the rattending physician wither this certificate has been signed to at the burial-stronist permit. Then plead the and Mental Hygiene prior to burial, orked at them 18 shows any injury, or a prival orked at them 18 shows any injury, or any orked at them 18 shows any injury, or any orked at them 18 shows any injury, or any orked at them 18 shows any injury, or any or any injury, or any injury | | PART 2. OTHER SIGNIE | (c) | CONTRIBUTING I | O DEATH BUT NOT RELATED 1 | TO THE TERMINA | DISEASE OF COND | TION CIVEN IN DA | DT 1 |
| DS, quire sign hen to bu | Z | 1:1.t. | 1 0/ - 1/2 | CONTRIBOTING | JOEANN BOTTOT RELATED | TO THE TERMINA | E DISEASE OR COND | ITION GIVEN IN PA | KI 110 |
| 8 9 9 9 7 | CERTIFICATION | 19a DATE OF OPERATION | ON THE CON | IDITION FOR WHI | THOPERATION WAS PERFOR | PMED I | 20a AUTOPSY? | 20b. IF YES, WERE F | INDINGS LISED |
| L REC | FIC | DATE OF OFERATIO | 17.0 CO. | DINOITION WITH | THE TRAINING WASTERIOR | | 1.4 | IN CERTIFYING CA | USES OF DEATH? |
| VITAL N: The sysicion in consit proposit propos | - E | 21a, ACCIDENT WAS UNDER | IVING CO 216 TIME | OF INJURY | Tale HOW/INI | IURY OCCURRED | YES NO | YES X | NO [] |
| AN: JAN: JAN: JAN: JAN: JAN: JAN: JAN: J | | OR CONTRIBUTING CAL | tend comments | A.M. MONTH | | OKT OCCURRED | (ENTER NATURE OF INJURY | IN ITEM IS PART I OR PA | 15 2) |
| ON OF IYSICIA ding ph is certifi buriol-tr Mental | N N | (IF EITHER, NOTIFY MEDICAL | | P.M. | 19 | | | | |
| PHY endi | MEDICAL | 21d. INJURY OCCURRED | EAT HOME. | E OF INJURY STREET, FACTORY, OFFIC | E FARM, ETC.) 211 LOCATION STREET | N | CITY OR TOW | N COUN | TY STATE |
| NG NG Pter the street | | AT WORK AT WORK | U | | | No. | | | |
| N A OF A PAGE | | 22a.1 certify that (1)(1) | | | * | 7 19 85 | to | | , that (I) (e) ost |
| ATTE Sprito CTO d for not h | - | sow the deceased above, (I) (We) (did | Olive on (did not) view the boo | dy ofter death. | 55, and that in (my) | aur) pinion deal | h occurred on the dot | e and hour and Iron | n the causes stated |
| he epite | - | 226 SIGNATURE | 10 | | DEGREE | | | | DATE SIGNED |
| 4 4 4 4 5 5 1 | | Harry K. | Burnso | 1 m.1 | . AT | TTENDING A | MEDICAL STAFF | AND TU | ly 20,1985 |
| HOSPITAL med by the FUNERAL I would be deto the the Store is ORTANI. If | 1 | 224 PHYSICIAN'S NAM | E (TYPE OR PRINT) | 7-11-1 | 22e ADDRESS | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| O HOSPITA eloned by TO FUNER should be d with the Sto | | Gary | R. Burm | 2011 | 3001 9 | outh Har | over St. | Ral+imore | b Md |
| TO He should with Popular Annual MAPO | 23a F | BURIAL, CREMATION, RE | | 122 | NAME OF CEMETERY OR CI | REMATORY I | 234 LOCATION | Parcillot | * |
| BP | | SPEC (FY) | | July | old Hollywood | | Lumberton | Robeson | North |
| | 24 FI | Burial JNERAL DIRECTOR DA | | | uneral Homes, | | | | |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | A. Betheso | | | unerar nomes, | JUL | 2 3 1985 | 1 - WE WILL TOOK | 1 |
| (, , , , , , , , , , , , , , , , , , , | 1 | TYP DEFILES | ad TIGIL VIGIL | IN LUULY | | | | | |

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| e ωŧ | | | OR PRINT | FIRST | | MIDDLE | 1/10- | LAST | 20. DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| oge deot | - | | | JUL. | Α. | • | MA | SON, Sr. | 6 AGE (IN YEARS LAST BI | 0+1 | 7 85 | J J J M |
| ge 4 mc ector. pr rs after | | 3. SE) | m | | 4. RACE | | S. DATE | of Birth DAY 1911 | 74 YRS. | | | HOURS MIN. |
| the poor | 1 | | STHPLACE (STATE OR OUNTRY) Maryland | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | ? 8 MARRIE WIDOW | EDXX NEVER MARRIED | Baltimore City of | | OF DEATH | |
| the ford with diffied of | 12 | 10. CI | TY OR TOWN OF DE | ATH | 11. NAME OF | HOSPITAL, NURSI | NG HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Salesman | ION | 126 KIND OI INDUSTRY | F BUSINESS OR |
| ors of the | / | | AL RESIDENCE (IF NUR | EING YOUR OR | | Samarita | | | Salesman | | | |
| 24 ho | 35 | 13m 5 | | 13b COUN | | 13c. CITY OR TOV | WN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 2603 Ails | | 21214 | |
| 4 /174 8 | | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | LAST | |
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| ato Contract | | 16a V | AS DECEASED EVER | | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDR | ESS | <i>D</i> 100 | |
| be exi | / | () | Yes Yes | (IF YES, GIVE | E WAR OR DATES) | 214-03- | -5596 | Elsie M. Ma | son same a | s 13 E | | |
| et a feet | 1 | 13 | 18 CAUSE OF DEAT PART I. DEATH V | TH (Enter on | ly one couse per | r line for (o), (b), g | nd Ich | 1 | | 2 | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| di di di | | | TAKTI DEATH V | | E CAUSE (a) | Cord | Cop. | a / won this | nvve | 7 | | |
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| n significant | | O | Marine December | | | | | | | | | |
| no. nos bee permit ne prio | 9 | CERTIFICATION | 190. DATE OF OPERA | MOIT | 19b. COND | ITION FOR WHICH | H OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | |
| sicion si | \pm | ERT | 71a ACCIDENT WAS UN | IDERLYING | 1 21b. TIME C | OF INJURY | 1 | 21c HOW INJURY OCCUR | YES NO | | | 140 |
| physical tribical Hy and 18 | 0 | | OR CONTRIBUTING | CAUSE OF DEA | HOUR A | M. MONTH D | AY YEAR | | (Elder Halone or han | | | |
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| PHY endir this he bund M | V | MEDICAL | 21d. INJURY OCCUR | | | OF INJURY REET, FACTORY, OFFICE, | FARM, ETC | 211 LOCATION STREET | CITY OR TO | NWC | COUNTY | STATE |
| offer the os the thought on the one | | | AT WORK AT WO | ORK L | | | | | | | | |
| Leol Se sis m | 0 | | 220 I certify that (I | | | ne deceased from. | | , 19 | , to | | | that (1) (we) last |
| Spite CTO of I for | | | sow the decease above, (I) (we) (| sed alive an (did) (did na | t view the body | olter death | . 0 | and that in (my) (our) apinion | death accurred on the o | iote and hour | and from the | touses stated |
| Ok of hor bolk bolk bolk bolk bept f then | | | 226. SIGNATURE | 1 1 | 106 | | | DEGREE | | | 271 DATE : | SIGNED |
| At C / the // the Date D ore D | | | 0, 0 | tene | uvu | >0 | П. | . ATTENDING PHYSICIAN | MEDICAL STA | CIAND | 17/6 | 9/95 |
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| 5 ± 5 ± 3 ₹ | | | URIAL, CREMATION | REMOVAL | 23b DATE | 23c | NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | | | |
| BP | | | SPECIFY) Surial | | 7/23/ | 85 I | Parkwo | ood | Baltime | ore. Ma | rvland | STATE |
| | | _ | INERAL DIRECTOR | | 250 DATE REC'D. BY REGISTRAN BLAREGISTRAN'S SIGNATURE | | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

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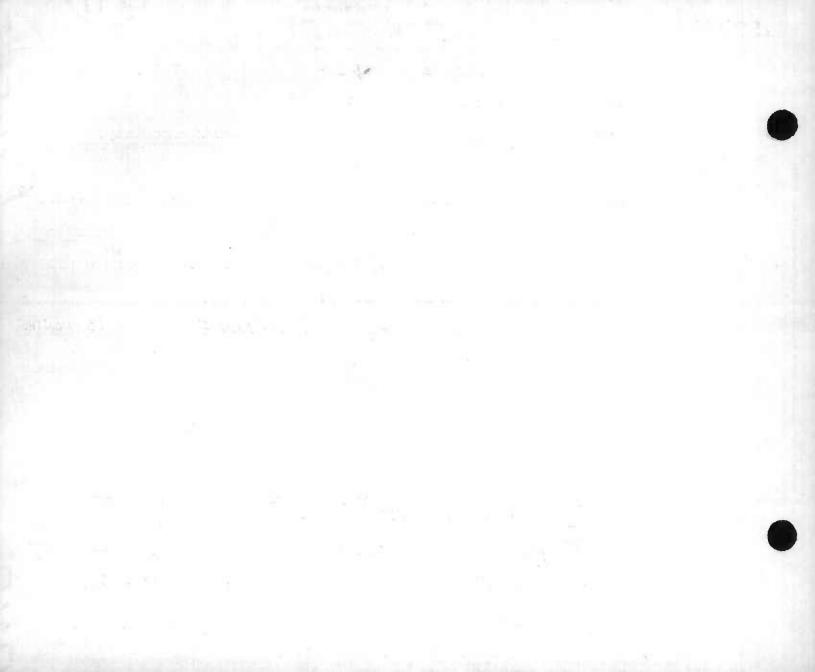
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| DIVIDION OF VITAL RECORDS, ACT W. PRESIDENSI., DALIMORE, MANIENE ALEXAN | ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be not ending physician. | OR. After this certificate has been signed by the attending physician completely filled in by the funeral director. page range as the busial-transist permit. Then please remove corbonables. Fages in this 2 should be filled within 72 hours after dea | Health and Mental Hygiene prior to burial, cremation, or remove |
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| | ENDING P | OR. After t | Health and |

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FOR

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(TYPE OR PRINT)

1. DECEASED NAME

REGISTRAR

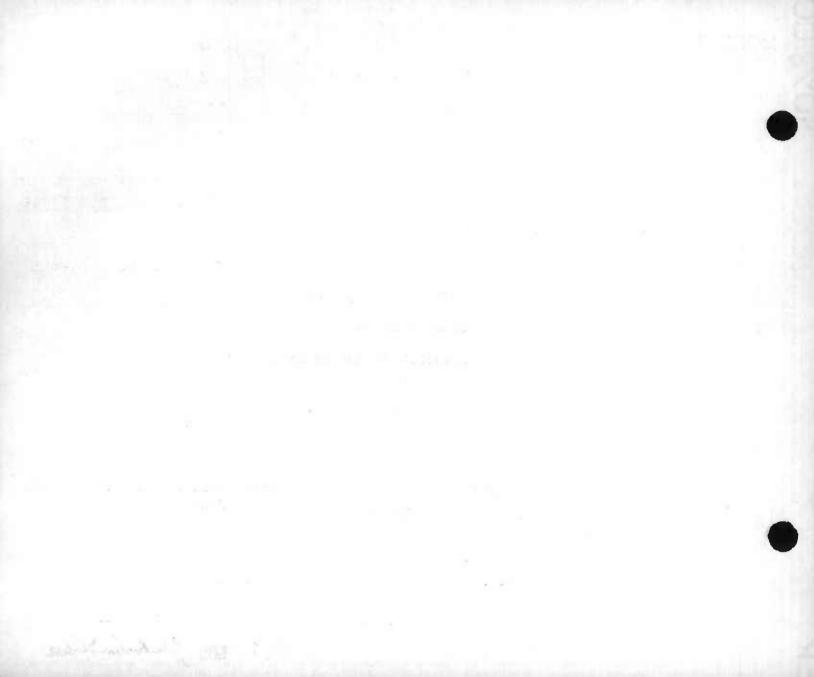
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH AUDDLE 2b. HOUR A. McClellan July 8, 1985 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS YEAR 3 16 30 Black 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City. WIDOWED DIVORCED 12a LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 2201 Homewood Ave 21218 Baltimore NO [15. MOTHER'S MAIDEN NAME McClellan B. 1.451 Edna ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 2201 Homewood Avenue George Bowie APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF PSychoneurosis Arthritis of Lumbar Spine & Hip

Elizabeth 3 SEX Female Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN COUNTRY Md. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 2201 Homewood Avenue Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN Maryland 14 FATHER'S NAME T. John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HEYES, GIVE WAR OR DATEST No 18 CAUSE OF DEATH (Enfer only one cause per line for to), (b), and (c))
PART I. DEATH WAS CAUSED BY
Possible Hypoglycemia IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOP YES [NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 HE EITHER NOTHEY MEDICAL EXAMINER P.M 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 2201 Homewood Avenue 21218 NOT WHILE Balto. MD Home AT WORK 85 , that (I) (we) last June 220.1 certify that (1) (this hospital) attended the deceased from... January June saw the deceased alive on and that in (mv) (aur) opinion death accurred on the date and haur and from the causes stated 22b. SIGNATUR DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 449 East 25th Street Alphonso Rhee, M.D. 23a BURIAL CREMATION REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY STATE Baltimore, Md.

Mt. Auburn Cem.

Burial 7/13/85 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 William C. March F/H 1101 E. North Ave. (VRA 15, 4)

250. DATE REC'D. BY REGISTRARIAS REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

203190

- STATE

REGISTRAR

7/12/85 BURIAL 24 FUNERAL PREHYMUNEK FUNERAL HOME, INC. DHMH - 16 60M 7/84 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

12b. KIND OF BUSINESS OR

PRINTING

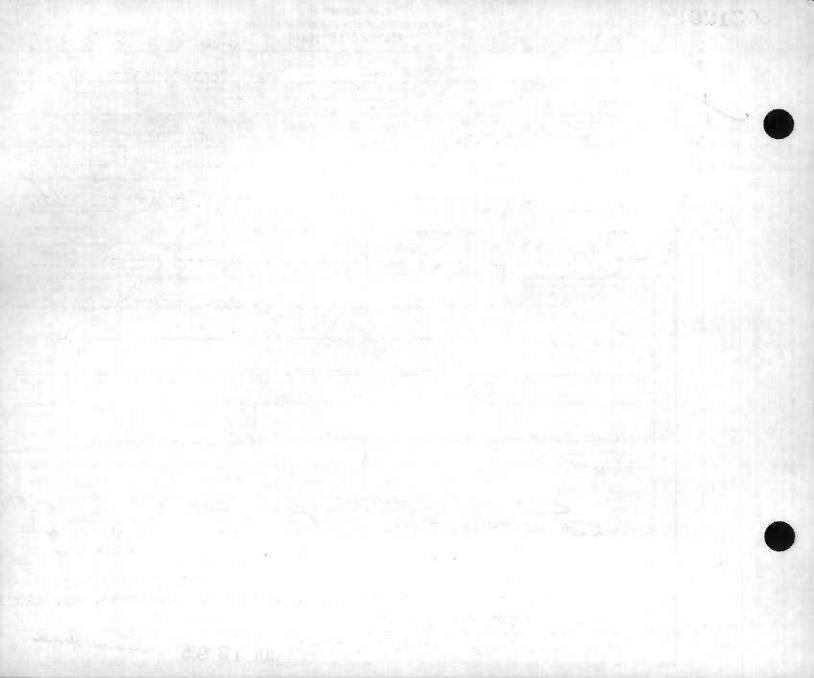
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ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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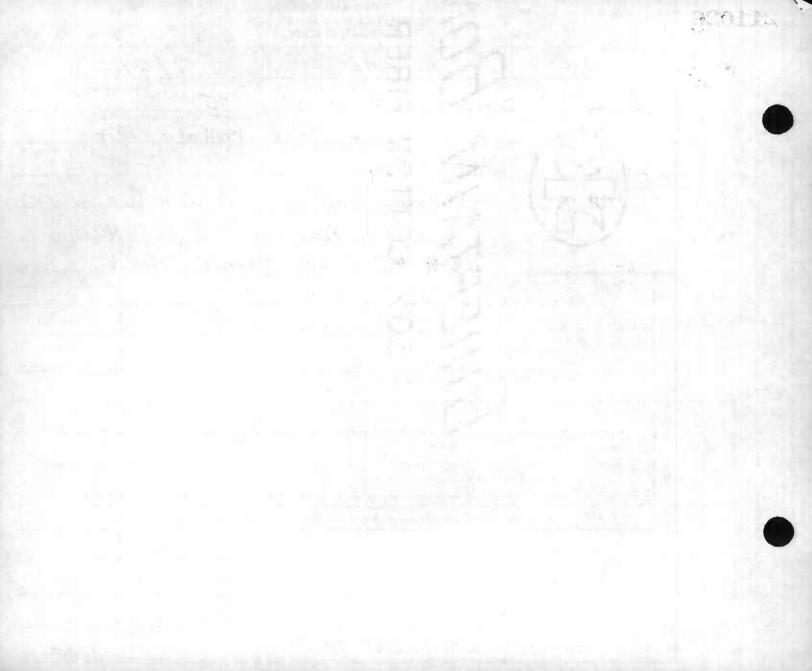
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24 FUNERAL DIRECTOR

1101 North Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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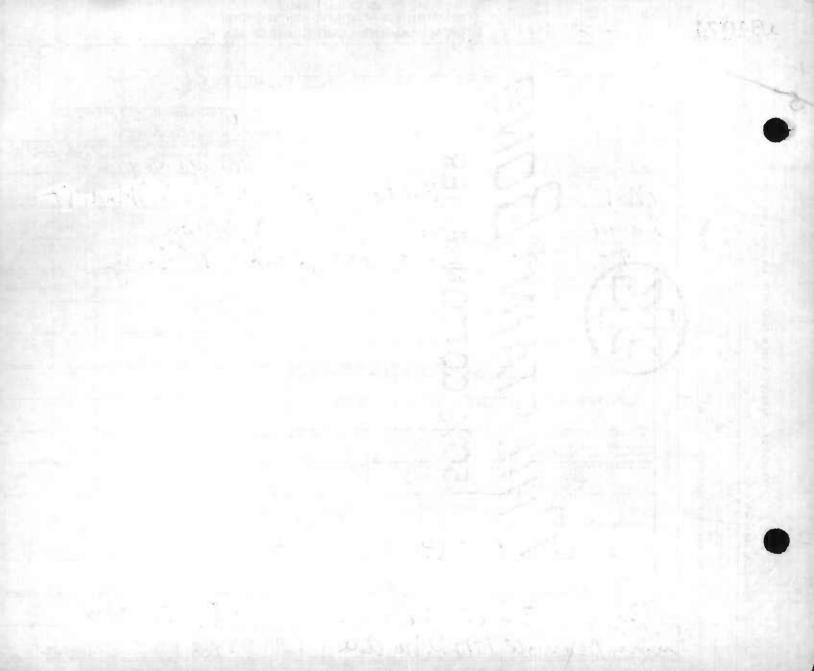
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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| | The same | | | | E OF MARYLAND | | |
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| | するそのよろ | Ŀ | REGISTRAR 22-05 IT | em 13 MEDICAL EXAMINE | R'S CERTIFICATE OF | DEATH REG. NO. | 5 6 2 |
| | | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE KNOWNXX MONTH | DAY YEAR 7b, HOUR |
| 1 | walan c | (14) | E OR PRINT) | 20 | McCrass | Coll Coll | 2705 |
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| Th | 8250 E | _/ | 11 11 | 11 24 64 20 YRS | 5. | DEAD 6-2 | 27 1985 p. M |
| 749 | T CEST A SS | | RTHPLACE (STATE OR | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| | DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. 205 201 W (PRESTON STREET, | | 11/01 | 111,50A | WIDOWED DIVORCED | | AAD |
| | SHAN - | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME, | OR OTHER INSTITUTION 12 | | 126 KIND OF BUSINESS |
| | > FOR BOTH | | Deltimone | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | ld Arramina | OR MOST OF WORKING LIFE) | ORINDUSTRY |
| | 21201 F ANY DELAY AND 3 TO II RETAIN PA HOULD BE FI RECORDS 2 | 111011 | Baltimore | 4900 blk. Litchfie | | newplayor | a Net leading |
| | 201 NY DEL NO 3 TO NULD BE | 13a S | ALL RESIDENCE (IF IN NORSING HOME COUN | | 13d. INSIDE CITY LIMITS? 13 | SIDEET AL INGES | |
| | ZIZO AND AND AND AND AND AND AND AND AND AND | | 11/01 | Dallo | YES NO | #205 Pimlico Rd. | 21215 . |
| | 9 | 14. F. | ATHER'S NAME | MIDDLE & - | 15. MOTHER'S MAIDEN | NAME | |
| | w Kunga | 1 | FIRST A COL | MIDDLE | FIRST () | AL MIDDLE | LAST |
| | 0 000 | 160 | WAS DECEASED EVER IN U.S. ARI | MED FORCES? III SOCIAL SEVURITY | NO. 17 INFORMANT | ADDRESS | |
| | MATTIMOR SAFE SAFE SAFE SAFE SAFE SAFE SAFE SAFE | | ES, NO, ORANKHOWN) (IF YES, GIVE | MAR OR DATES) | 1224 11-10 | - MACK | |
| | A SOESS - | | 11/0 | N 710 011 | JOV HEIR | Il lang | |
| | T W W | 123 | | nly one cause per line for (o), (b), ond (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | W. PRESTONS WITHIN 2410 ENCIL IN ITEM MINER ALONE TRANSIT PERM INTAL HYGIEN OR REMOVAL | | PART I DEATH WAS CAUSEI | TE CAUSE (0) Gunshot Wound | of Head (1 | unspecified) | |
| | PRESTON ITHIN 2. H CIL IN ITEM VER ALON ANSIT PER AL HYGIEN REMOVAL | | | DUE TO, OR AS A CONSEQUENCE OF | | | |
| | TED WITHIN 2 N PENCIL IN IN XAMINER ALL AL-TRANSIT I MENTAL HYC | 1 | Canditions, if ony, which | | | | |
| | W. W. P. | | gave rise to immediate cause (a) stating the under- | | - | | |
| | 201 W. PRE UTED WITHIN PENCIL IN PRESENTAL PROPERTY ON, OR REA | | lying cause last. | DUE TO, OR AS A CONSEQUENCE OF | r | | |
| | 2 5 9 9 9 | | | (c) | | | |
| | DIVISION OF VITAL RECORDS, 2011 VITAL RECORDS, 2011 VITAL SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXAMERS SHOULD BE USED AS A BURIAL-EDEPARTMENT OF HEALTH AND MEDICAL CREMATION, OF PRICE TO BURIAL, CREMATION, OF PRICE TO BURIAL. | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN | IAL DISEASE OR CONDITION GIVEN IN PART 1 | 10 | |
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| | LEAN HEALT | 1 5 | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERA | TION WAS PERFORMED? | | 20 AUTOPSY? |
| | SHOULD ORD "PE CHIEF A SE USED A ST OF HEA | E | | THE BUILD VIOLENCE OF THE | | | YES XX NO [] |
| | IFICATE SHOULD BE COULD BE CARTOR BUT ON TO BU | 1 2 | 21a EXTERNAL CAUSE WAS | 216 TIME OF INJURY | 71c HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR | |
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| | CERTIFIC CERTIFIC TING TH DED TO 3 SHOU DEPART | MEDICAL | CONTRIBUTING CAUSE OF | | | not | |
| | OIVIS RETINA RETINA REDED GE 3 SI TE DEP | 1 8 | 21d, INJURY OCCURRED WHILE DOT WHILE SE | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOWN COU | UNTY STATE |
| | - = > = O F G | 1 | WHILE AT WORK AT WORK | XX street | 4900 blk. Lite | | arvland |
| | RWA RWA STA STA | | | | 373) | | |
| | MASS SES | | 770. I certify that I taok charg | ge of the remains described abave, held an | | , Inquiry L, and in my op | inian |
| | MERCHES | | death resulted fram Natur | ral causes . Accident . Suic | ide , Homicide XX | Undetermined monner, | |
| | WAN WAR | | Washing Washington | Anoll m | TITLE (SPECIFY) | | |
| • | AHOAH" - | 1 | SIGNATURE | were linesmue | M.D. Assistant | _MEDICAL EXAMINER SIGNED | _D 6-28-85 |
| | DEA SET |) | | | | | 01001 |
| | MEDIC CUTE 3E 4 S FUNE FROM | - | (TYPE OR PRINT) Marc | garita A. Korell, M.D | . ADDRESS_III Per | nn St., Balto., Md. | . 21201 |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | 23e B | URIAL CREMATION, REMOVAL | 23b. DATE 123c NAME OF CEM | | 23d LOCATION | |
| | | 1 | PEG T BALL OF | 7-2-85 12.65 | Pena | CITYOFF TO TO | STATE |
| | 07/84 BP | 74 F | UNERAL DIRECTOR | I BOXX | 25g DATE DEC | . D. BY REGISTRAR 256 REGISTRAR'S SI | GNATURE |
| | DHMH - 17 | 0 | NAME TO A | 10 100RESS 1117 | Tre JUL (| 11 medistrar Su redistrars | STATURE |
| | (VR A15 ME (5)) | 10 | my Picar | ou lith no her a | WY JUL (| J - 1905 JESKA Devidson | n-gandell |



| _ | 00. | | FOR | 10-22d | 9/30 | J/85 MT I | | MENT OF | | ARYLANI AND ME | | GIENE | | | | |
|--|--|---------------|---------------------------|---|---------------------|-------------------|--|------------------|---------------|-------------------|---------------|-------------------|--------------------------|-----------------|----------------------------|----------|
| 2 | 28178 | | STATE REGISTRAR | | | ME | DICAL | EXAMIN | ER'S C | ERTIFIC | ATE OF | DEATH | REG. | Nb. G | 3 6 | 3 |
| | | | CEASED NAME | FIRST | | | MIDDLE | | L | AST | K D | 20. DA | IE KNOWN | X7 MONTH | DAY YEAR | 26 HOUR |
| | - 一 | | RRYL | (DAR | RYL) | Lamont | | Mc Cre | | | | DEA | F ESTI- | □ 7-21 | L-85 ₁₉ | N |
| | 50×55 | (3. 5E) | | 4 RACE | 5. DA | ATE OF BIRTH | YEAR | 6. AGE (IN YEA | | DAYS | FUNDER 2 | | ATE OUNCED | MONTH | DAY YEAR | 2d. HOUR |
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| | SS A SEE | FO | RTHPLACE (ST | | /b_C | ITIZEN OF WI | | ITRY? | | D NEVI | | PELDAT | | _ | TY OF DEATH | |
| | 25.5 | M CI | aryland TY OR TOWN | OF DEATH | 11 N | U.S | | RSING HOME | WIDOWE | | DIVORCE | 120 USUAL OC | timore | | 126 KIND OF BU | MD |
| | A STATE OF THE PAGE OF THE PAG | В | altimor | ^e | Ü | Inivers | ity F | reet ADDRESS) | 1 | K (145) 11 (01) | | FOR MOST OF | WORKING LIFE) | TTPE OF WORK | OR INDUST | |
| 201 | SEE SEE | 130 S | | (IF IN NURSING HON | AE OR OTHE | R INSTITUTION, GI | 13c CITY | ORTOWN | | 3d. INSIDE CIT | LIMITS? | 13e STREET AD | DRESS | | 21217 | |
| 21201 | 4 SASE | | Maryla | | | | Bal | timore | | YES X | | | . Lafa | yette | Ave.lst | Ficor |
| / DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. | THE SECOND | | THER'S NAME FIRST | | Mind | dell | | ree | -/ | | nda | INAME | Mordin | | Reed | |
| LIMO | ASSESSED / | 16a. V | VAS DECEASED | DEVER IN U.S. A | ARMED FO | ORCES? | 16b. SO | IAL SECURITY | 1 | 7. INFORM | | | ADDRE | | | F . |
| BAL | A SPECIAL A | N | | | | | | N/A | 100 | Wanda | Reed | 1633 W | I. Lafa | yette | Ave.lst | |
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| ON | SE S | | N. A. K. | IMMED | IATE CAL | | | ISEQUENCE C | | ueatii | | | | | | |
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| 201 | ON, ON, | | lying cou | se lost. | | (c) | | | | | | | | | B. 170 | |
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| ECO | AS A | CERTIFICATION | 14 0175 05 | 0050171011 | - 7: | | / | | | | | | | | | |
| N. | 00=5773 | FICA | 19a. DATE OF | OPERATION | | 196. CONDI | TION FOR | WHICH OPERA | ATION WA | S PERFORM | ED? | | | | 20. AUTOPSY | |
| F Y | A SECOND | E | 21a. EXTERNA | L CAUSE WAS | | 216. TIME OF | INTURY | | 1216 HO | W IN HIDY | CCLIPPED | LENTER NATURE C | S INTERVIEW AND STEAM OF | 10.0407 1.00.04 | YES X | NO 🗌 |
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| Si | SHC SHC PRIOR | MEDICAL | 21d. INJURY O | | PEAIN | 21e PLACE | OF INJURY | | 21f LOC | | | | | | | |
| , yo | E. THIS CIE. WRITE RWARDE STATE D. 21201 | ¥ | WHILE AT WORK | NOT WHILE | | STREET, FACT | TORY, FARM, E | TC.) | STE | REET | | CITY O | RTOWN | CO | UNTY | STATE |
| | R: TH VIE, V DRW/ DRW/ R: PA E STA ID, 21 | | | y that I taak cho | orge of th | e remains des | cribed obc | ve. held on | Autopsy | X | Inspection | , Inqu | OFF T | ond in my op | union | |
| | EXAMINER: CERTIFICATE ULD BE FOR: DIRECTOR: (, WITH THE SAMARYLAND) | | death resulte | | turol cou | 57.0 | Aggident | | ide . | Hamicia | | Undetermined | / |], | ,,,,,, | |
| | CERT CIED E DIRE | | | | | 1 | 11/ | | | TITLE (SPI | ECIFY) | | | | 7 00 01 | |
| | RE A HOU | 2 | ACTUAL SIGNATURE_ | | - | 1 | 1 | | M.[| ASS | istan | MEDICAL EX | AMINER | DATE | 7-22-8 |) |
| 2 | TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, A. BALTIMORE, M. | | EXAMINER'S | NAME G | rego | ry R. H | <auffi< td=""><td>man, M.</td><td></td><td></td><td>111 P</td><td>enn St</td><td>reet</td><td></td><td></td><td></td></auffi<> | man, M. | | | 111 P | enn St | reet | | | |
| | PAGE TO PAGE AFTE BALT | 23a BI | TYPE OR PRIN | ION, REMOVAL | I 23h DA | TE | 122. | NAME OF CEM | | ODRESS | DV . | 23d. LOCATIO | N. | | | |
| 07/B4 | 00/272 | (5 | BURIAL | IOT, KEMOVAL | | 26/85 | | edar Hi | | | | Anne | Arunde] | Co, cour | Md ^{s1} | ATE |
| 25M | DHMH - 17 | | JNERAL DIRECT | TOR | - / - | F-100 | | | | | - | C'D. BY REGIS | | | IGNATURE | |
| | (VR A15 ME (5)) | Wj | lliam (| C. March | n F/H | H 1103 | LE. | lorth A | ve. | | Lun : | 2 6 108 | 5 Frohia | Davidso | n-Randell | |



DIVISION OF VITAL

| | | FOR | | DEPARTI | | OF MARYLAND ALTH AND MENTAL H | IVGIENE | | | |
|--|---------------|---|-------------------------|---|--------------|-------------------------------------|--|---------------------|-------------------------|--|
| 210166 | 1. | STATE REGISTRAR | | DEI ARTI | | CATE OF DEATH | (2) | REONO. | 19 | 5 6 5 |
| 2 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E | | CEASED NAME FIRST OR PRINTI | e | MIDDLE | Mc | Hale | 20. DATE OF DE | 7 7 | L3 85 | 01:55Am |
| ge 4 mo | 3. SE. | Females | 4 RACE | hite | 5. DATE OF | 25 /89 | O 6 AGE (IN YEAR | S LAST BIRTHDAY) | MONTHS DAYS | R IF UNDER 24 HRS |
| 1 1 97 | 7a B | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED | NEVER MARRIED | | CITY OR COUN | | |
| 3 1 4/ | | Ireland | US. | et su | WIDOWED | DIVORCED [| □ Balt. | imore (| | MD. |
| Softer So | | altimore | (IF NOT IN SU | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET V HOSDIT | ADDRESS) | other institution | 120 USUAL OCI 11YPE OF WORK FO Homem | R MOST OF WORKING | | OF BUSINESS OR |
| filled in could be if | USU. | AL RESIDENCE (IF NURSING HOA | ME OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo | ADMISSION) | 13d INSIDE CITY LIMITS? YESKIX NO [| 2 13e STREET ADI | ORESS / 71P CC | Ave.Ba | 21230 alto.Md. |
| ertely \$2 st | 14. FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | | AIDDLE | l | AST |
| P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Richard | | Мена | | Mary | | | | lmes |
| on ond c. Poges | | VAS DECEASED EVER IN U.S (ES. NO OR UNKNOWN) (18 YE: NO | S GIVE WAR OR DATES) | 217-22- | | Mrs.Mary | F.Adler | | Towson ornings | Md.2120, Md .2120 |
| of the death certificate y the ottending physic e-remove corbon page cremotion, or removal ther troumatic event, it | | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, (b) | | ence of | calculus | | | Yes | DXIMATE INTERVAL NONSET AND GEATH MONSET AND GEATH MONTH AND G |
| w requires that been signed by mit. Then pleas oriar to buriol, any injury, or a | CERTIFICATION | PART 2 OTHER SIGNIFICA | nt conditions c | | | | ERMINAL DISEASE C | Y? 20b IF | YES, WERE FIND | DINGS USED |
| he long. | TIE | | | | | | YES N | IN CER | TIFYING CAUSE YES [| NO [|
| g physical entificate entificate indi-transitional Hyginate I 8 sh | | 2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM | FOEATH HOUR A | OF INJURY A.M. MONTH DA | AY YEAR | 21¢ HOW INJURY OCC | URRED (ENTER NATUR | OF INJURY IN ITEM I | 18 PART I OR PART ?) | |
| offending of the formal of the formal of the formal of the dor the formal of the forma | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY TREET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | C | ITY OR TOWN | COUNTY | STATE |
| pitol or TOR. Aftor use of Health | | 22a I certify that (this h | 7/2 | -3 19 | 25 one | that in (my) () apini | ion death occurred o | n the date and h | 19 00 nour and from the | that (I) lost be causes stated |
| Al Ok The hos v the hos the hos the hos ote Dept till them | | 221 SIGNA UNI | 7,0 | aux | w | EGREE ATTENDING PHYSICIAN | | STAFF | 221 DAT | 23/85 |
| retained by TO FUNER should be with the St | | JOH! | J F (| CARY | 10 | 30 St. | Paul 5 | 1, 2 | 1202 | |
| 5 € 5 € 3 ₹ | 23a E | SURIAL, CREMATION, REMO | VAL 236 DATE | 23c 1 | NAME OF CE | METERY OR CREMATOR | RY 23d LOCATIO | N | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Ispectry Burial July 26,1985 New Cathedral Cemt. Balto. Md. 24 FUNERAL DIRECTOR Md. 21250 250. DATE REC'D. BY REGISTRAR'S SIGNATURE MCCully Funeral Home, 130 P. Fort Ave. Balto: 111 25 1085

with the first that the second of the second The last term of the second se and the state of the same of t Sandan Control of the control of the

DEDARTMENT OF BEALTH AND MENTAL BYCIENE

| | 1- | STATE REGISTRAR | | | DEFA | CERTIF | ICATE OF DEATH | REO N | O | 9 5 | 6 6 |
|---|---------------|--|--|------------------------|--------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------|---------------------------------|
| | | EASED NAME | FIRST | 1 | AIDDLE | L/ | AST | 20 DATE OF DEATH | MONTH DAT | Y YEAR | 26 HOUR |
| I | LIAME | OR PRINT) | ELMER | | J. | MC | INTYRE | July 6, | 1985 | | 11:00 Pal |
| Ì | J. SEX | | | RACE | | S. DATE O | F BIRTH | 6. AGE (IN YEARS LAST BIR | | | IF UNDER 24 HRS |
| ı | | MALE | | WH | ITE | MONIH | 25 YEAR 22 | 63 | YRS. | NIHS DAYS | HOURS MIN. |
| ł | Za. BIF | RTHPLACE (STATE OR | FOREIGN 78 | CITIZENOF | WHAT COUNT | RY? 8 | | 9 BALTIMORE CITY | | F DEATH | |
| 1 | | ARYT AND | 2000 | 11. | S.A. | WIDOWE | NEVER MARRIED DIVORCED | BALTIMO | RE CITY | | MD |
| 1 | - | TY OR TOWN OF DEA | ATH 1 | 1. NAME OF H | HOSPITAL, NUR | SING HOME O | R OTHER INSTITUTION | 12a USUAL OCCUPAT | ON | 12b KIND OF | BUSINESSOR |
| į | CONTRACT OF | BALTIMRE | | ST. | | OSPITAL | | DECTE CTIVE | F WORKING LIFE) | POLICE POLICE | ALTO. CI |
| 1 | | AL RESIDENCE (FA | 13 COUNT | | 130 CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS) | ZIP CODF | Acres | |
| 1 | | RYLAND | BALT | IMORE / | CATONS | VILLE | YES NO X | 105 S. PRO | SPECT | AVE. | 21228 |
| ł | I4 FA | THER'S NAME | M | DDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | V | LAST | |
| 4 | | ROBERT | | | MCIN | ITYRE | ANNA | | | FRUED | ENBURGER |
| 1 | | VAS DECEASED EVER | | ED FORCES? | 166 SOCIAL SI | ECURITY NO. | 17 INFORMANT | ADDRI | | | |
| | | YES | WW | | 220-03 | 8-8792 | JUNE V. MCI | NTYRE 105 S | PROSPE | | |
| | | 18 CAUSE OF DEAT PART I. DEATH W | IH Enter only VAS CAUSED IMMEDIATE | BY. | 0 0 1 | io Per | p. failing | 2 | | BETWEEN OF | MATE INTERVAL NSET AND DEATH |
| | | Conditions, if any | | | R AS A CONSE | OUENCE OF | CA met | la live | and | | No. |
| | | gove rise to im- cause (a), statu underlying cause | ng the | DUE TO, OI | R AS A CONSE | OUENCE OF | | Roan | -1 / | | |
| | NC | PART 2. OTHER SIG | NIFICANT CO | | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVE | N IN PART IIa | 81072 |
| | CERTIFICATION | 19a DATE OF OPERA | TION | 196 COND | ITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | |
| | | 210. ACCIDENT WAS UN OR CONTRIBUTING | CAUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | 7 | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e PLACE | OF INJURY | 100 | 211 LOCATION | CITY OR TO | | COUNTY | STATE |
| | ME | WHILE NOT W | THILE | (AT HOME, STE | REET, FACTORY, OFF | ICE FARM, ETC } | STREET | CHYORIC | WN | 0 | SIAIE |
| l | | 220.1 certify that (1 | | l) attended th | e deceased fro | | 7-1- 1985 | , to | <u> </u> | | hat (1) (we) last |
| | | saw the decease obave, (I) (we) (| did) (did not) | view the body | alter death. | 9, an | nd that in (my) (aur) apinian | death accurred an the d | ate and have o | and Iram the c | auses stated |
| - | | 22b. SIGNATURE | Ale | ag | | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STA | | 7/6/ | |
| | N | 22d PHYSICIAN'S N | AME (TYPE OR | GA. | RG. | | 22e ADDRESS | gnes Hospit | | ,,,,,, | |
| | | BURIAL, CREMATION | , REMOVAL | 23b. DATE | 2 | 31 NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | STATE |
| | | BURI | AL | 7/10/ | 85 | New CAT | THEDRAL CEM. | BALTIMOR | | | ARYLAND |

DHMH - 16 60M 7/84 (VRA 15, 4)

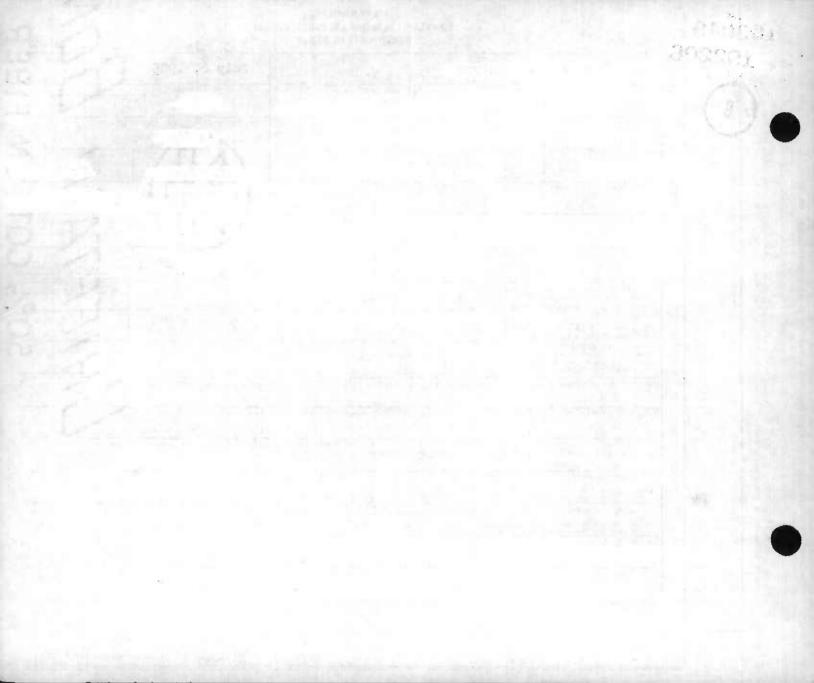
BP.

should be detached for us with the State Dept of Hee

24 FUNERAL DIRECTOR 4107 WILKENS AVE HUBBARD FUNERAL HOME

21229

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE a Davidson Pandelle



203266

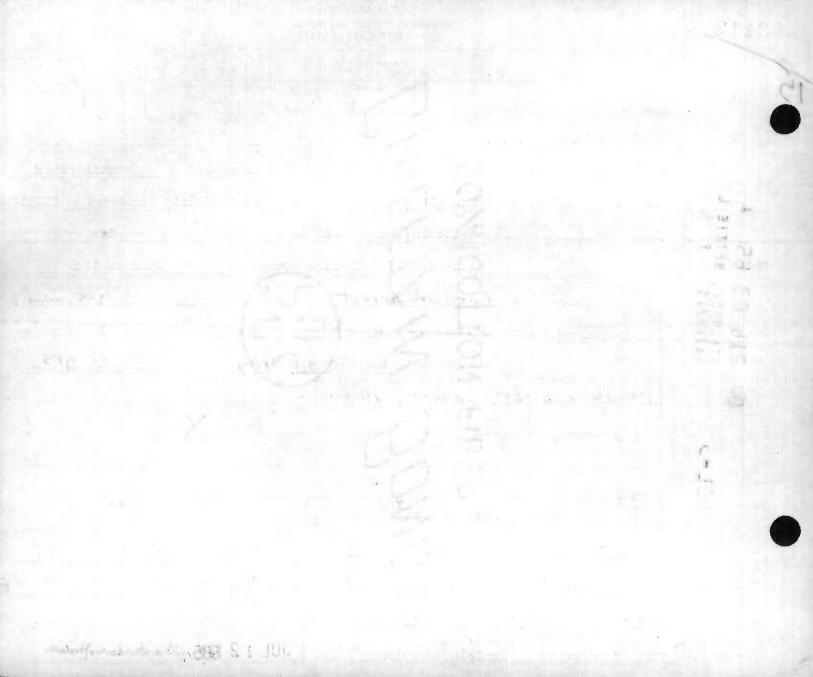
| -1 | | | | STAT | E OF MARYLAND | | | | | | |
|----|---------------|--|------------------------------|---------------------|---------------------------------|-------------------------------------|---|--|--|--|--|
| | 1. | FOR STATE | DE | | HEALTH AND MENTAL HYGI | IENE | | | | | |
| | | REGISTRAR | | | FICATE OF DEATH | 8 23 G. NO. | 1956/ | | | | |
| | | CEASED NAME FIRST OR PRINT) | MIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR | | | | |
| | | JAMES | P. | | MCINTYRE | July 8 | 85 7 % M | | | | |
| | 3 SEX | | 4 RACE | S. DATE | OF OIK 1 PT | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. | | | | |
| | | MALE | WHITE | 1 | 23 1900 | 85 | rrs | | | | |
| 9 | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 1 | | lew York | U.S.A. | WIDOW | | city | MD. | | | | |
| 1 | 10 CI | TY OR TOWN OF DEATH | 111. NAME OF HOSPITAL, N | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR INDUSTRY Painters | | | | |
| 4 | F | BAltimore | BSH | L STREET ADDRESS) | | Painter | Union Local I | | | | |
| 1 | | AL RESIDENCE (IF NURSING HOME COTATE 136 COU | | | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP | | | | | |
| 5 | | aryland | | imore | YES X NO [| 1604 Wilkens | | | | | |
| | _ | THER'S NAME | And the second second | | 15. MOTHER'S MAIDEN NAM | ΛE | | | | | |
| 0 | 3- | Matthew | MIDDLE LA | Intyre | Catherin | MIDDLE | Costello | | | | |
| | | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIA | L SECURITY NO. | 17 INFORMANT | ADDRESS | COSCETIO | | | | |
| | (1 | res, no or unknown) (IF yes, G | VE WAR OR DATES) | 12-5844 | Elizabeth K. | Ellis 1604 W | ilkens Ave 21223 | | | | |
| | | 18 CAUSE OF DEATH (Enter o | | | n | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | 1.4 | PART I. DEATH WAS CAUS | ED BY: | -de 1 12 | vlmo your | west | BETWEEN ONSE, AND DEATH | | | | |
| | | IMMEDIA | TE CAUSE (a) | | | 1 | | | | | |
| | | Conditions, if ony, which | DUE TO, OR AS A CON | SEQUENCE OF | bilatern | 1 pneumo | mi | | | | |
| | | gove rise to immediate couse (a), stating the | | | 2 (14) 14 | // | | | | | |
| | 6 | underlying cause lost. | DUE TO, OR AS A CON | SEQUENCE OF | ine Gent | Epilus | - P | | | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | G TO DEATH BU | NOT RELATED TO THE TERMI | INAV DISEASE OR CONDITIO | N GIVEN IN PART 1/0 | | | | |
| | Z O | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION | N WAS PERFORMED | | IF YES, WERE FINDINGS USED | | | | |
| - | TIFIC | Control of the Co | | | | YES TO NO | CERTIFYING CAUSES OF DEATH? | | | | |
| 2 | CER | 210. ACCIDENT WAS UNDERLYING | THOUSE A ME MONTE | | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITI | EM 18 PART I OR PART 2) | | | | |
| 1 | AL | OR CONTRIBUTING CAUSE OF DE | | H DAY YEAR | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | | 211. LOCATION | CITY OR TOWN | COUNTY STATE | | | | |
| 1 | × : | WHILE NOT WHILE AT WORK | (AT HOME_STREET, FACTORY, | OFFICE, FARM, ETC.) | SINCEI | CIST ON TOWN | STATE | | | | |
| | | 22x 1 certify that (1) (this base | ital) attended the deceased | from | 13 19 8 Y | _, to | 19 8 , that (I) (we) lost | | | | |
| | | saw the deceased plive a above of (we) (did) (did n | at view The body whey death. | 19 8000 | hd that in (my) (our) opinion d | death occurred on the date on | d hour and from the causes stated | | | | |
| | 12 | 335 SIGNATURE | 11111 | | DEGREE | | 22c. DATE SIGNED | | | | |
| | | UVI | 1/1000 | -7 | PHYSICIAN P | CMEDICAL STAFF | 7/9/85 | | | | |
| | | ZZE PHYSICIAN SHADE ITH | wint, | | 22e ADDRESS W | | 11 | | | | |
| 1 | | M1) | #16 vevn | 2 | Bon | - Secou | rg. /toap. | | | | |
| | | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23¢ NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | - ' / / | | | | |
| | (| Burial | 7/11/85 | New Ca | thedral Cem. | Baltimore | Maryland | | | | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR
NAME
21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave

256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

0

MARRIED NEVER MARRIED

17 INFORMANT

DIVORCED

NO 15 MOTHER'S MAIDEN NAME

EIRST

ROBERTA

GEORGE McKNIGHI

13d INSIDE CITY LIMITS?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

20. DATE OF DEATH

HOSPITAL

0

IF LINDER LYEAR

INDUSTRY

DAYS

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HR

3e STREET ADDRESS / ZIP CODE

712 RICHWOOD AVE. 21212

HIGGINSBOILOM

ADDRESS

712 RICHWOOD

BALTIMORE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REC NO

6 AGE (IN YEARS LAST BIRTHDAY)

CLERK

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

20a AUTOPSY

IN CERTIFYING CAUSES OF DEATH? YES

NO [

Ob. IF YES, WERE FINDINGS USED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN COUNTY

22¢ DATE SIGNED

R b ond that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

STATE MD.

STATE

BALTIMORE CITY 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

- e-200 00 5 ed. * ld b PORT

(VRA 15, 4)

COUNTRY II S A 10 CITY OR TOWN OF DEATH USUAL RESIDENCE (

NO

CERTIFICATION

MEDICAL

70 BIRTHPLACE

FOR

REGISTRAR

DECEASED NAME

- STATE

136 COUNTY MARYLAND 14 FATHER'S NAME FIRST JAMES

(STATE OR FOREIGN

W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse lost

21n ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

sow the deceased alive on

214 INJURY OCCURRED

SIGNATUR

23a. BURIAL, CREMATION, REMOVAL

ENTOMEMENT 24 FUNERAL DIRECTOR

WHILE

I SPECIEV

MIDDLE

IMMEDIATE CAUSE (D)

22a I certify that (I) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the body ofter death.

23b DATE

II.S.A

4 RACE

JOHNSON

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY

NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

LAST

166 SOCIAL SECURITY NO

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

DUE TO OR AS A CONSEQUENCE OF

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM ETC.)

DEGREE

211 LOCATION STREET

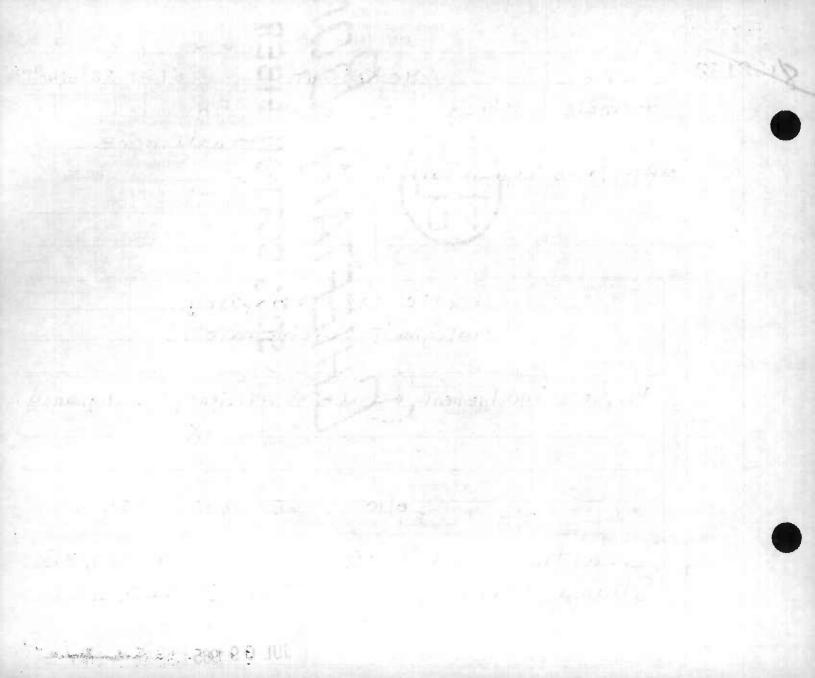
PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

ARBUIUS MEMORIAL PARK

E,L, PHILLIPS FUNERAL HOME 1721 N. MONROE ST

DHMH - 16 60M 7/B4



STATE OF MARYLAND 203395 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MONTH TYPE OF PRINTS ATRICK 3. SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY! IF UNDER TYEAR IF UNDER 24 HRS ale White BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? □ NEVER MARRIED □ Maryland DIVORCED | IO CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR South INDUSTRY Police Gen. Hospital Balto Balto. 13b. COUNTY. Baltimore 13d. INSIDE CITY LIMITS? Md. Be 1 f 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ATHERINE 17 INFORMANT ARMED FORCES YES NO OR UNKNOWN Patrick J. McShane Jr. Linthicum Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: ARDIOPULMONARY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF PROBABLE Conditions, if onv. which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF cardiovascu erotic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.O. CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 270.1 certify that (1) (this baspital) attended the deceased from and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e ADDRESS FUN FUN Feb 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIBuria) 7-19-85 Glen Haven Mem. Glen Burnie A.A. Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN YURE June Wandson-Handall DHMH - 16 50M 4/83 130°E. Fort Ave. Funeral Home (VRA 15, 4)

W21 - W124 - Coll ronling and the state of the st . BE TANKED IN DESCRIPTION . L. SANT L. MONTOCKIO. III the first of the second second second for the second secon AND I THE PARTY OF

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2000 | 44 | 1. | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HY | GIENE | 100 | |
|--|-----------------------|----------------|--|--|--|---|--|-----|
| KUUK | 41 | | REGISTRAR | | CERTIFICATE OF DEATH | G. NO | | |
| 2 m4 | 4 | | PRASED NAME MARIO | N Cee | meade fr | 20 DATE OF DEATH | 7 13 85 494 | 1 |
| ge 4 mo ector, po | 40 | 1. SE | male | ivhite . | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIR" | THDAY) # UNIDER IN AN # UNIDER 24 HOURS MEN | - |
| eoth Po | 33 | El | ecott cte Md. | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY O | are tity not | MD. |
| by the fu | 20 | 3 | temere Md. 7 | NAME OF HOSPITAL, NURSING (IF NOT IN SUGH FACILITY, GIVE STREET) | APPORESS) Manuel APPORESS) | 12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF | | SR. |
| filled in mould be | 電子 | USU. 13a. S | LESIDENCE (IF NURSING HOME OR OT TATE 136, COUNTY | HER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS | Pene Ave 2104 | 3 |
| mplerely moderaly | 30 | J4 FA | THER'S NAME MARKION MO | de mea | le SA MAIDEN N. | AME MIDDLE | Hobson | |
| Poper P | The door | | VAS DECEASED EVER IN U.S. ARME (IF YES, GIVE W | A A TOTALES | JRITYNO 17 INFORMANT | kaeffer Car | feder Rd. | 2.2 |
| he death certificate e attend to oblying impre corto and | r traumatic event, th | | PART I. DEATH WAS CAUSED B IMMEDIATE C Canditions, if any, which gove rise to immediate | DUE TO, OR AS A CONSEQUENCE (b) | ratory for | na | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | н |
| signed by the her please or | lury, or other | Z | couse (o), storing the underlying couse lost PART 2 OTHER SIGNIFICANT COI | DUE TO, OR AS A CONSEQU | DEATH BUT NOT RELATED TO THE TER. | MINAL DISEASE OR CON | DITION GIVEN IN PART 110 | _ |
| he los ing diff. hos been t permit. To | 9 | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | |
| g physic artificate nightons | 49 | 1961 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. | AY YEAR 19 | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART 2) | |
| offending of the burner of the | - And or | MEDICAL | 21d. INJURY OCCURRED ILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | FARM, ETC.) | CITY OR TO | WN COUNTY STATE | |
| the hospital or to precion a toched to use | If Nem 21 is my | | 22a.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did/fat) v 22b. SIGNATURE | 7-12-19 | DEGREE ATTENDING | MEDICAL STAF | | _ |
| D HOSPITA toined by O FUNERA Hould be de | | | SAMBAND AM | BAJKARA | PHYSICIAN 220 ADDRESS 345 | DIRECTOR PHYSIC | ens Ave | |
| BP | 3 | 1 | FIRIAL | 7-16-85 St | Lame OF CEMETERY OR CREMATORY | y Ellicott | in Howard M | 1 |
| DHMH - 16 60/ | M 7/84 | 24 F | NEPAL DIRECTOR | Bax 210 ADGRESSI | 250 DA | E REC'D. BY REGISTRAR | 251 REGISTRAR'S SIGNATURE | - |

white the state of > Comme Kity the first of the second contraction of the second

STATE OF MARYLAND

| | DEPARTM | | ICATE OF DEATH | GIENE 8 RESIN | 0. | 9 5 | 7 2 |
|--------------------|--|------------------|---|---|-----------------------------------|------------------------|----------------------|
| | MIDDLE | 1 | AST | 2a. DATE OF DEATH | MONTH D | DAY YEAR | 26 HOUR |
| F | . M | enche | | July 2 | 1 10 | 85 | 3.15 |
| ACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | AONTHS DAYS | HOURS MIN. |
| White | | | ig. 31 1919 | 65 | YRS | | |
| U.S. | MHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED | 9 BALTIMORE CITY C | | | M |
| (IF NOT IN SUC | HOSPITAL, NURSING | HOME C | OR OTHER INSTITUTION Hospital | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housekee) | ON OF WORKING LIFE | 12b. KIND OF | F BUSINESS OR |
| | GIVE RESIDENCE BEFORE A 134. CITY OR TOWN Baltimor | DMISSION) | 13d INSIDE CITY LIMITS? YES NO [| 13e STREET ADDRESS | ZIP CODE | 21. | 234 |
| DLE | Schnei | der | 15 MOTHER'S MAIDEN NA | Nelson | G | arrison | |
| FORCES? | 166 SOCIAL SECUR | ITY NO. | 17 INFORMANT | ADDRI | | | |
| IN ON DATES | 215-09-7 | 775 | Earl Way | ne Menchey 1 | 733 T | rotting | Court |
| (b) | R AS A CONSEQUEN R AS A CONSEQUEN DITTRIBUTING TO DE | NCE OF | NOT RELATED TO THE TERA | | DITION GIVE | EN IN PART 1 a | OUR |
| 196 COND | ITION FOR WHICH C | PERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, IN CERTIFY YES | , WERE FINDIN | GS USED OF DEATH? |
| | M. MONTH DAY M. | YEAR | 216 HOW INJURY OCCUR | | | | NO [] |
| (AT HOME STR | REET, FACTORY, OFFICE FAR | RM ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| attended the 5 · 7 | e deceased from | NOV 5.01 | nd that in (m) (aur) apinian | death accurred on the de | ate and hour | 9, t and I am the c | the (li)we) last |
| ac | | M | DEGREE ATTENDING PHYSICIAN 1720 ADDRESS | MEDICAL STA | | 7/2 | 15 8E |
| Kleem | an | | | Medical Cent | er | | |

MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED NOT WHILE 22a.l certify that (1) this haspital) at eceased a 23a BURIAL, CREMATION, REMOVAL

CERTIFICATION

FOR 1 - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Female TO BIRTHPLACE (STATE OF FOREIGN

Maryland 10. CITY OR TOWN OF DEATH

Baltimore

Md. 4 FATHER'S NAME

Charles

(YES NO OR UNKNOWN)

no

USUAL RESIDENCE (IF NURSING HOME OR OTHER I

160 WAS DECEASED EVER IN U.S. ARMED FO

Canditions, if any, which gave rise to immediate

cause (a), stating the

underlying cause last

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

18 CAUSE OF DEATH (Enter only one PART I. DE ATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDI

3. SEX

13a. STATE

Doris

4 RAC

7b. CIT

11. N (IF

MIDDLE

13b COUNTY

F.

(IF YES GIVE WAR O

IMMEDIATE CAU

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

other

00

73b DATE

23¢ NAME OF CEMETERY OR CREMATORY Druid Ridge

23d LOCATION CITY OR TOWN Baltimore

COUNTY

STATE Md.

24 FUNERAL DIRECTOR

Entombment

Leonard J. Ruck, Inc. 5305 Harford Rd

7-27-85

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

a Baydon Bondage

| T 6891 3891 | July 184 | | ni oma | .= | · i~· | |
|---------------------|---------------|----------------|-------------|-----------|------------------|----|
| | | THE PERSON | A. | | | |
| T. | | W. 7. | | | | |
| ment da | приравновион | Lariquoti | not Extende | | arrow1/Leal | |
| day in | Lianut etc. | | orevit. | | . 111 | |
| ponimac | cosles | BYTE | d naiding b | | e selvan- | |
| ATTO CITY OF STREET | Call amone is | u n 170 | 2777-20- | TS | | |
| | The state of | | | | | |
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| | Total Bolin | | | | nomery and | |
| 100 | syboliz in | 5.027 | | 3-8- | | |
| | | light be to be | o prome | Lice. 100 | Noul . b b eposi | S. |

1701 E. North Ave.

William C. March F/H

(VRA 15, 4)

The state of the s

FUNERAL HOME

(VRA 15, 4)

DOTHER LANDA White the state of The Atlanta Are all the THE PRESENT NEXT THE PRESENTANT OF THE PRESENT AND SERVICE ASSESSMENT OF THE PRESENT ASSESSMENT ASSESSMENT OF THE PRESENT ASSESSMENT OF THE PRESENT ASSESSMENT ASSESSMENT OF THE PRESENT ASSESSMENT OF THE PRESENT ASSESSMENT OF THE PRESENT ASSESSMENT ASSESSMENT OF THE PRESENT ASSESSMENT ASSES

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the OR ATTENDING PHYSICIAN. The

injury, ar other traumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

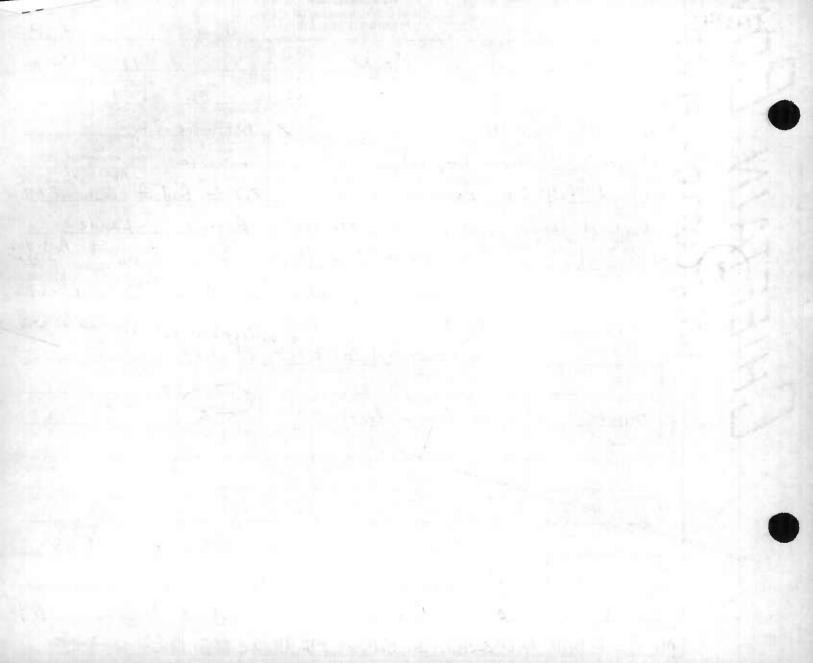
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| 1 | 10.0 | 1 | , |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - 1 | | | | | STAT | E OF MARYLAND | | | | |
|-----|---------------|---|-----------------|---------------------|-------------------|---------------------------------|------------------------------|-------------------------|---|--------------|
| | 1 | FOR | | DEPAR | TMENT OF H | EALTH AND MENTAL HYGI | IENE | | UCC. | |
| | 1 - | STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 RE NO | . 1 9 | 15/ | 5 |
| | 1. DÉ | CEASED NAME FIRST | 1 | MIDDLE | L | AST . | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR | · · · |
| | (TYPE | E OR PRINT) | | | | | Jul | 4 27,19 | 85 6:45 | - 4 |
| | 3 SE2 | Ethel | 4 RACE | E. | Merry 5. DATEC | | 6. AGE (IN YEARS LAST BIR | | PS 6:45 | |
| | 3 50 | ^ | RACE | | MONTH | | Q. AOL (HOTERRS (AST BIR | MONTHS | DAYS HOURS | MIN. |
| | I | Female | White | | 06 | /25/04 | 81 | YRS. | A | |
| 1 | | IRTHPLACE (STATE OR FOREIGN | & CITIZEN OF | WHAT COUNTR | Y? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DE | ATH | |
| | | Maryland | U.S | S.A. | WIDOWE | | Baltimore | City | | MD. |
| 1 | | | 11. NAME OF H | HOSPITAL NURS | SING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ON 12b. | KIND OF BUSINES | SSOR |
| 4 | Ва | altimore | The Uni | HEACILITY, GIVE STR | rial H | ospital | Homemaker | E WORKING (IFE) IND | DUSTRY | |
| | USU | AL RESIDENCE (IF NURSING HOME OR | | | | | | | | |
| F | | STATE 136 COUN | TY | 13c. CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 1011 | |
| ~ | _ | ATHER'S NAME | | Baltim | ore | YESXX NO [] | | Ls Road 2 | 1211 | |
| - | | EIRST | AIDDLE | LAST | | EIRST | MIDDLE | | LAST | |
| | $\overline{}$ | Howard Ensor | | | | | Fatridge | | | |
| 1 | | WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1E YES, GIVE | WAR OR DATES | 166 SOCIAL SE | | 17 INFORMANT | | | | |
| 1 | 1 | No | | 215 07 | 6492A | Ethel A. Fic | ller 2928 Ke | eswick Ro | ad 21211 | 1 |
| | | 18 CAUSE OF DEATH (Enter an | y ane cause per | line far (a), (b), | and (c) | | 7 - 1 - 1 | _1 | APPROXIMATE INTERV BETWEEN ONSET AND D | AL DE ATH |
| | | PART I. DEATH WAS CAUSED | E CAUSE (a) | ASP | ration | Preumonie | | | | |
| | | | | R AS A CONSEC | NIENCE OF | CONTRACTOR A | Art Committee | | 1.01-00 | |
| | | Canditions, if any, which | 10000 | R AS A CONSEC | Par le | won's Disec | are | 7000 | | |
| | | gave rise to immediate |) (6) | | | 0.0 | | Charles III | | |
| | | cause (a), stating the underlying cause last | DUE TO, OI | r as a conseg | DUENCE OF | | | | | |
| | | PART 2 OTHER SIGNIFICANT C | () | ON ITRIBUTING T | O DE ATH BUT | NOT DELLATED TO THE TERM | District on Cove | | 0.07.1 | |
| | Z | | | A | Jest | | | DITION GIVEN IN | PARITIO | |
| _ | CERTIFICATION | COLEGIAL 190 DATE OF OPERATION | larcula, | | | 7 Yewr | 200 AUTOPSY? | Tank IE VES MEDE | FINDINGS USED | |
| 7 | J. | 176 DATE OF OPERATION | 178 CONDI | ITION FOR WHI | CHOPERATIO | IN WAS PERFORMED | | IN CERTIFYING | CAUSES OF DEATH | 1? |
| - | E T | | | | | To | YES NO | YES 🗌 | NO [] | |
| 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM IS PART I OR | PART 2) | 12 |
| 7 | 8 | (IF EITHER NOTIFY MEDICAL EXAMINER) | | M. | 19 | | | | | |
| 1 | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | E EARLA STC \ | 211 LOCATION | CITY OR TO | wn co | UNIY SI | ATE |
| | Σ | AT WORK AT WORK | TAT NOME STA | TEET PACTORY, OFFIC | E, EARM, EIL / | | | | | |
| | | 220.1 certify that (1) (this haspit | al) attended th | | | | _, to_ Vul | | 5 that (1) (w | |
| | | saw the deceased alive an abave, (1) (we) (did) (did not | Vuly |) 19 | 85 . 01 | nd that in (my) (aur) apinion o | death accurred on the do | ate and have and t | rom the couses stat | red |
| | | 22b. SIGNATURE | I II | offer death | | DEGREE | | | c. DATE SIGNED | |
| | - | lol (1' | Les les | 1 | | M P ATTENDING PHYSICIAN | MEDICAL STAF | | 2/12/8 | (|
| - | | 22d. PHYSICIAN SNAME (TYPE OF | PRINT | | | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 110. | |
| 1 | | John | P 1 | erlemits | T.A.C | Union Memo | orial Hospi | tal Ra | Himore | ma |
| | 22 | | | | | 1 | |) Nu | 1 | 7.10 |
| | 230 E | BURIAL, CREMATION, REMOVAL | 23b. DATE | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUN | TY ST | ATE |
| | | Burial | 07/31 | ./85 L | akevie | w Memorial Par | | g Carrol | 1 Co. Md | |
| | | UNERAL DIRECTOR | | ADDRES | 5 | | REC'D. BY REGISTRAR | 1 0 100 | - | |
| | I | Burgee-Henss Fur | eral Ho | me, 363 | 1 Falls | s Rd 21211 | 11 3 0 1985 | grand wante | son-Aandel | 2 |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



| | | FOR | DFPART | STATE OF MARYLAND | (GIENE - | | | | |
|-------------|---------------|--|---|--|--|-------------------------------------|--|--|--|
| 3100 | 1 - | STATE REGISTRAR | | CERTIFICATE OF DEATH | RED NO. | 19571 | | | |
| e = 1 | | CEASED NAME FIRST | WIDDIE | AEX CED C | 2a DATE OF DEATH MONTH | 13-85- 8-30 R | | | |
| er deoth | 3. SE | CARRIE | I. RACE | AEYERS 15. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | |
| ofter after | J. JL. | Wall and the second | | MONTH DAY YEAR | | MONTHS DAYS HOURS MIN. | | | |
| 11-06 | 7. D1 | Female RTHPLACE (STATE OR FOREIGN 7 | White LOUNTRY | Mar. 20, 1895 | 90 YRS. | | | | |
| 計で | | OUNTRY) | | MARRIED NEVER MARRIED | | | | | |
| 2/ | 10. (| MD TY OR TOWN OF DEATH | USA | WIDOWED DIVORCED | Baltimore | | | | |
| 45 | 10. C | Baltimore | TENOT IN SUCH FACILITY, GIVE STREET GOOD Samarit | ING HOME OR OTHER INSTITUTION ET ADDRESS) tan Hospital | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | | | | |
| 35 | 13a. S | ALRESIDENCE (IF NURSINGHOME OR C TATE 130. COUNT ND Harf | 13c. CITY OR TOV | WN 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COI 3610 My Lady | | | | |
| 10 | 14. FA | THER'S NAME FIRST John G | . Roth | 15. MOTHER'S MAIDEN N FIRST Mary | Elizabeth | Benhoff | | | |
| 13 | | VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 16b. SOCIAL SEC WAR OR DATES) 213 74 | | ADDRESS S Donoho, Sar | | | | |
| Y | _ | | | | | | | | |
| 100 | | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | 01.0 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 0 1 | | IMMEDIATE | CAUSE (a) | C SHOCK with | CARONIC Rema | 1 2 mounting | | | |
| 9 40 | | | DUE TO, OR AS A CONSEQU | UENCE OF | bailer | re | | | |
| TO TO | | Canditians, if any, which gave rise to immediate | (b) | | | | | | |
| t other | | cause (a), stating the underlying couse last. | DUE TO, OR AS A CONSEOL | UENCE OF | | | | | |
| njury, a | NO | PART 2. OTHER SIGNIFICANT CO | ONDITIONS <u>CONTRIBUTING TO</u> | DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CONDITION G | IVEN IN PART 1(a) | | | |
| | CERTIFICATION | 198. DATE OF OPERATION | | H OPERATION WAS PERFORMED | | ES, WERE FINDINGS USED | | | |
| | TIF | 06 21 185 | CHOLEDOLOL | CTIVE JANNOIC | YES NO NO | YES NO | | | |
| | E E | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCL | JRRED (ENTER NATURE OF INJURY IN ITEM 18 | 3 PART I OR PART 2) | | | |
| 1 | SAL | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | |
| 5/ | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 211 LOCATION | CITY OR TOWN | COUNTY STATE | | | |
| | 2 | AT WORK AT WORK | (ATTIONE, STREET, FACTORT, OFFICE, | , rain etc) | | | | | |
| Ē | | 22a.1 certify that (1) (this hospita | ol) attended the deceased from | 06-18- 1981 | - 10 07-13- | , 19 <u>84</u> , that (1) (we) last | | | |
| 21 : | | saw the deceased alive an above, (I) (we) (did) (did nat | 07 - 13-19 | 25, and that in (my) (aur) apinio | in death accurred an the date and hi | our and from the causes stated | | | |
| E | | 226. SIGNATURE | view the body offer deom. | DEGREE | | 22c. DATE SIGNED | | | |
| = | | Lakerman | Par Edoras | M . D ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | | | | |
| Z 7 | | 224 PHYSICIAN'S NAME (TYPE OR | | 22e ADDRESS | | 5 D 12 A 1 | | | |
| MPORTANT: | | LOKESWAR | | | AMARITANI | 40211146. | | | |
| - | 23a E | SURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | CITY OR TOWN | COUNTY | | | |
| - | | Burial | 7/16/85 W | Voodlawn | Woodlawn, | MD | | | |

21212

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUL 1 5 1985

Jenkins & Sons Co.

Balto. MD

Henry

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

4905 York Road

Worker state of the state of th

and the second of the second o

| 11097 | 1- | FOR STATE REGISTRAR | | 95/8 | | | | |
|--|-------------------|--|---|-----------------|-------------------------|---|---|--|
| 8 64 | | Farnie | | Mic | how | 07 | 20 DATE OF DEATH MONY | STEP 26 HOUR S |
| ge 4 may ector, pa | 3.562 | | 4 RACE WHITE | | MAR. | 9, 1897 YEAR | 6. AGE (IN YEARS LAST BRY AND MO) | UNDER TYEAR IF UNDER 24 HRS. |
| and the second of the second o | (| RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA | 76 CITIZEN OF WHAT COUNTRY? USA | | 8. MARRIEI WIDOWE | NEVER MARRIED DE NEVER MARRIED | BALTIMORE CITY OR COUNTY OF | CITY MD. |
| 1129 | B | BLTI MORE | 11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY GIVE STREET ADDRING THE CHARLES GEN | | | | 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) | 126 KIND OF BUSINESS OR INDUSTRY HOME |
| CA A | LID STATE 136 COL | | ROTHER INSTITUTION GIVE RESIDENCE BEFORE A LTO. 130 CITY OR TOWN BALTIMOF | | RE YES NOW NO | | 13. 27659 SUMMERSON | RD. #21209 |
| 1 30 | JE FA | THER'S NAME REUBEN | COHEN | | | GÉRTRUDE MODIE | | KNOWN |
| Propriet | Ha V | VAS DECEASED EVER IN U.S. AR NO OR UNKNOWN) (IF YES, GIV | ARMED FORCES? 166 SOCIAL SECURITY NO. 213-30-0570 | | | | S. AVE., APT. D1 | #21215 |
| hat the death certificat by the attending physical are remove cortico palp it eventation, or remove other traumatic event. | CERTIFICATION | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | D BY. IE CAUSE (a) DUE TO, O (b) | R AS A CONSEQUE | NCE OFU | stroco | sera () seris remia | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| in the requires the back been signed permit. Then pile me prior to busing the back of the | | PART 2 OTHER SIGNIFICANT OF MUSICAL INC. 190 DATE OF OPERATION | vitea | WIRA CI | was | NOT RELATED TO THE TERM N WAS PERFORMED | | VERE FINDINGS USED NG CAUSES OF DEATH? |
| PHYSELAN TI ending physics this certificate of Membil Hygi d or hem III an | MEDICAL CER | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- | HOUR A. | | Y YEAR 19 | 216 HOW INJURY OCCURE 216 LOCATION STREET | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN | (OUNTY STATE |
| ATTENDING SIGNAL OF OFF ECTOR, After of for one or fl t, of Health or = 21 × morke | | 220 certify that (1) this hasp saw the deceased after or abage, (1) well did) did no | 1 | 102 19 1 | | | , ta | |
| TALOR IN THE IN T | | 22b. SIGNATURE | Alex | m | | ATTENDING PHYSICIAN 1220 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 122 DATE SIGNED |
| D HOSP mounted by hould by MPORTA | | N. CUTZ | CX. | ms | | | nds Lasa, Bas | 30, M& 21211 |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL JULY 24,1985 SOL LEVINSON & BROS., INC.

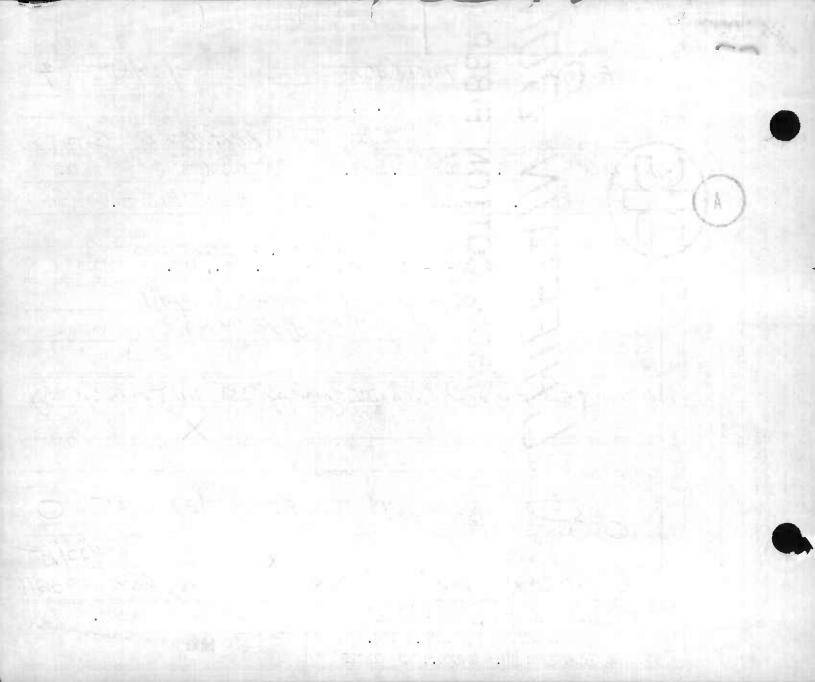
BALTO., MD

23¢ NAME OF CEMETERY OR CREMATORY FORBAND

21215

ROSEDALE

BALTO.



STATE OF MARYLAND DEDARTMENT OF MEALTH AND MENTAL HYCIENE

| I | - STATE REGISTRAR | DEI ARTM | | ICATE OF DEATH | O REO NO | 9 = | 5 7 9 | | |
|---|--|--|-------------|------------------------------------|--|-------------|---|-------------------------------------|--|
| | I. DECEASED NAME FIRST (TYPE OR PRINT) | NEW MIDDLE | dia | cens, sr. | 2a. DATE OF DEATH | MONTH 7 - / | DAY YEAR 10 - 85 | 26 HOUR 6-10 M | |
| | SIAIS | Black | 5 DATE C | | 6. AGE (IN YEARS LAST BIRT | YRS | MONTHS DAYS | IF UNDER 24 HRS | |
| I | Florence, S.C. | U.S.A. | WIDOWE | | Baltimore city or | | OF DEATH | MD | |
| 1 | Baltimore | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A) Lutheran Hosp | ital | | 120 USUAL OCCUPATION 126 KIND OF BUSINESS C (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | |
| | USUAL RESIDENCE IF NURSING HOME OR 130 STATE 136 COUN | | 4 | 136 INSIDE CITY LIMITS? YES X NO [| 3206 Carli | | | 216 | |
| > | Robert Micker | MIDDLE LAST | | Sallie B | rockington | | tas | ST. | |
| | 160, WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECUR | RITY NO. | Ruth Bond Mic | kens, 3206 | | | | |
| | PART I. DEATH WAS CAUSE | DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONSEQUENCE (c) CONSEQUENCE (c) CONSEQUENCE (c) CONSEQUENCE (c) CONSEQUENCE (d) CONSEQUENCE (e) CONSEQUENCE (d) CONSEQUENCE (e) CONSEQUENCE (f) CONSEQUENCE (f | opu vali | en greum I bleeding | nest. | | | IMATE INTERVAL ONSET AND DEATH | |
| | PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2 | CONDITIONS CONTRIBUTING TO D | | | 200 AUTOPSY? | 20b IF YES | VEN IN PART 10 S, WERE FINDING FYING CAUSES | NGS USED | |
| | | HOUR A.M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCURR | YES NOW | YE | s 🗀 | NO [| |
| | OR CONTRIBUTING CAUSE OF DEA | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | RM, ETC) | 211 LOCATION STREET | CITY OR TOV | VN | COUNTY | STATE | |
| | sow the deceased alive an above, (I) (we) (did) (did no | of old of the deceased from 19 & 19 & 19 & 19 & 19 & 19 & 19 & 19 | _ | nd that in (my) (our) opinion c | death occurred on the do | ate and hou | | that (I) (we) last causes stated | |
| | 22h SIGNATURE Malls 22d PHYSICIAN'S NAME (1986 O | 2000 | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | 22c. DATE | SIGNED - (0-8) | |

BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached IMPORTANT: If he

orked or Item 18 sa

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Burial

236 DATE

7/16/85

231 NAME OF CEMETERY OR CREMATORY Arbutus Mem Park

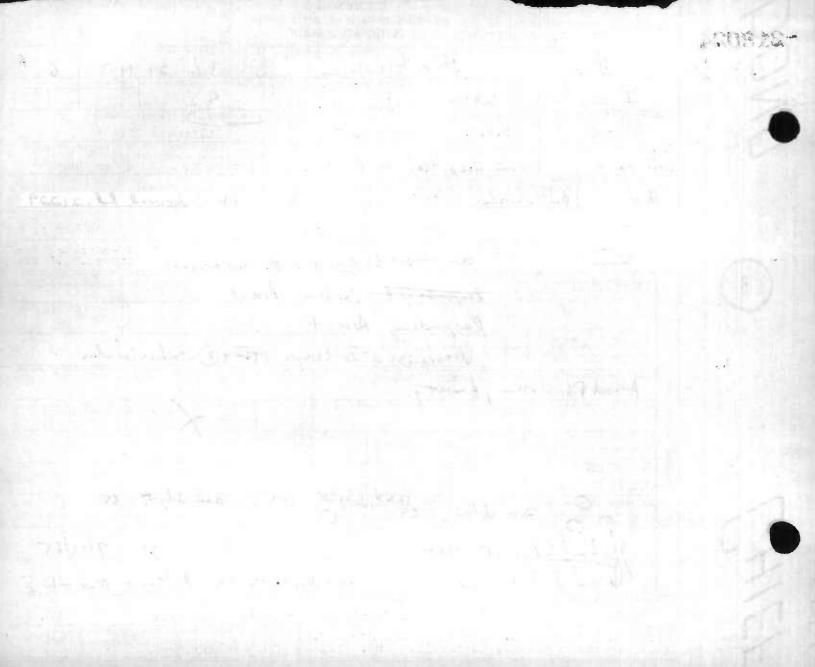
LOCATION CIBALLETIMOTE KXXXXXXXX

Maryland 250 DATE REC'D. BY REGISTRAR'S SIGN

ADDRESS Law Funeral Home 4611 Park Heights Ave.

AND THE SECTION OF TH

| | | | STATE OF MARYLAND | | |
|--|---|--|---|-------------------------------------|--|
| 7 | FOR 1 - STATE | | LENT OF HEALTH AND MENTAL HY | GIENE | 0 3 8 0 |
| 213024 | REGISTRAR MARY A. | | CERTIFICATE OF DEATH | 8 5 REG. NO. | 9 3 0 0 |
| | 1. DECEASED NAME A FIRST (TYPE OR PRINT) MAR) | MIDDLE | (IAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| deorth be | TAKI | Α. | MIERKIEWICZ | July 29 | 1985 6 M |
| ê ê | 3. SEX 6 | 4. RACE | 5. DATE OF BIRTH MONTH 1 DAY 20 YEAR 03 | 6. AGE (IN TARTE BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| rs of | emale | White | Van. 20, 1903 | 82 YR | s. |
| P 8 401 | . BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | BALTIMORE CITTOR COUN | ITY OF DEATH |
| te of 30 | Maryland | U.S.A. | WIDOWED DIVORCED | Baltimore | City MD. |
| D 21 D | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | 126 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 5 - 1 78 76 0 | Baltimore | Sinai Hospital | naceast 4 | Homemaker | Own Home |
| 2 4 4 | USUAL RESIDENCE (# NURSING HON 130, STATE # 131/ C | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) N 1136 INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CO | NDE . |
| 日本語 | | ltimore Baltimor | | | ood Road 21229 |
| 量 重点的到分别 | 14 FATHER'S NAME | | 15. MOTHER'S MAIDEN NA | AME | L |
| 1 1/50 | John | Lipka | Anna | MIDDLE | Washkewicz |
| 1 1 1 1 | WAS DECEASED EVER IN U.S | ARMED FORCES? 166 SOCIAL SECU | | ADDRESS 1 | 39 Wedgewood Road |
| | (YES, NO OR UNKNOWN) (IF YE | 5. GIVE WAR OR DATES) 218-01-3 | 3550A Elizabeth M | Shimkayer Ba | 139 Wedgewood Road altimore, Md. 21229 |
| A C poly | | er only one couse per line for (a), (b), and | 7 | 47MIIMSAVEE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| · Ca Day | PART I. DEATH WAS CA | USED BY: DIATE CAUSE (o) | | nest | a military and a management of the management of |
| 2 | IWWE | | | | |
| STO THE STO | Conditions, if any, which | DUE TO, OP AS A CONSEQUE | in Avest | | |
| 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | gove rise to immediate couse (o), stating the | .) | (- , | | 414 |
| of the cree | underlying couse last | | is a to Change (| It + (R) Stocker | ~ Colculus |
| 20 m 20 m | PART 2 OTHER SIGNIFICA | NT CONDITIONS CONTRIBUTING TO I | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART 110 |
| to b | 3 Atrod Fibra | Unton Amoret | | | |
| 8 11117 | 19a. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED |
| 21 24 24 | 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | STATE OF THE PARTY. | | YES TO NOW INCE | PRIFYING CAUSES OF DEATH? |
| To some | 21a. ACCIDENT WAS UNDERLYING | | | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) |
| State of | OR CONTRIBUTING CALISE O | | 19 | | |
| Ne Mer ding | (# EITHER, NOTHY MEDICAL EXAM | 21e. PLACE OF INJURY | 21f LOCATION | | COUNTY STATE |
| S A F F P P P | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, F. | ARM, ETC.) STREET | CITY OR TOWN | COUNTY |
| Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | ospital) attended the deceased from | 12 NN July 28, 19 1985 | 10 6 am July 2 | 2 19 85 that (I) (we) lost |
| N P S S S S S S S S S S S S S S S S S S | sow the deceased aliv | e on 3am John 19 de door 19 de do | | death occurred on the date and | hour and from the couses stated |
| P A P A P A P A P A P A P A P A P A P A | 22b. SIGNATURE | d not) view the body offer deoth. | DEGREE | | 22c. DAVE SIGNED |
| 0 4 0 0 0 | VII | I.V. I MA QULL | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 12/28/85 |
| AN Stole | 224 PHI SICHAR S NAME (1 | YPE OR PRINT) | PHYSICIAN (| _ DIRECTOR _ PHYSICIAN CA | 1/10/103 |
| HOSPITA oined by CUNERA ould be de- | Wather T | Total mo | 3000 Manha | He Are in He | - m D 21115 |
| TO HOSE should be with the | 23e. BURIAL, CREMATION, REMO | 100 | IAME OF CEMETERY OR CREMATORY | 123d LOCATION | that orders |
| | (SPECKY) Burial | | . Stanislaus Ceme | CITY OR TOWN | COUNTY STATE |
| BP | | | | | |
| DHMH - 16 50M 4/83 | Lerox M. & Russ | sell C. Witzke Fune | eral Homes P.A. | 11 2 0 1985 | Davidson-Mandage |



| 2 | 06097 | ١. | FOR 7-31-85 | itam 7 T. J DE | STATE (PARTMENT OF HEA | DEMARYLAND AITH AND MENTALH | YGIENE | | | |
|-------------------------------------|--|---------------|--|---------------------------------|----------------------------|--------------------------------|---------------------------------|-------------------|-----------------|-------------------|
| luma. | 00051 | 1 | - STATE REGISTRAR | Trom / H.O | CERTIFIC | ATE OF DEATH | 8 25G.N | 10 | 9 4 | 8 i |
| | | | CEASED NAME FIRST | WIDOLE | LAS | | 20. DATE OF DEATH | | DAY YEAR | 2b HOUR |
| | may be page 3 er death | 1 " | Marc | querite | | Miles | | 7 1 | 5 85 | 1:45 PI |
| 1 | mo) | 3 SE | | 4 RACE | 5. DATE OF | | 6. AGE IN YEARS LAST BE | | IF UNDER I YEAR | IF UNDER 24 HRS |
| 1 | rector ors of | | F | W | nonth 12 | 18 00 | 84 | YRS. | NONTHS DAYS | HOURS MIN |
| | Heath, P. | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Md. | 76 CITIZEN OF WHAT COU | MARRIED WIDOWED | NEVER MARRIED | | | | |
| | ed for | 10. 0 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | URSING HOME OR | | Baltimor | ION | 12h KIND O | F BUSINESS OR |
| 1 | by the filed v | | Balto. | | e STREET ADDRESS) anor Nur | sing Cent | er Sec y | DF WORKING LIFE | industry Ca | |
| 9 | 24 hour | USU 13a | AL RESIDENCE HE NURSING HOME STATE 136 CO | | | IN SIDE CITY LIMITS? | 130 STREET ADDRESS 2000 0'De | ell Av | 10 2 | 1218 |
| YLA | tely f | 14 F | ATHER'S NAME | - Du. | | MOTHER'S MAIDEN N | | 11 7 | C . Z | 1210 |
| AAR | and The Sand | | FIRST | MIDDLE LA | | FIRST | WIODIE | | LAS | |
| Ë, A | + 0 | 16a | John Was deceased ever in u.s | | thof L SECURITY NO. 1 | Kathe | rine | FSS _ | Mor | ch |
| WOR | e execu | | YES, NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) | | Pleasant | Manor 461 | 5 Par | k Hgh | ts. Ave |
| IT | e be cron | - | No | | | Nursing C | enter Bal | timor | | |
| . 84 | physicat population | | PART I. DEATH WAS CAU | | | 1 110 | En Oni | | BETWEEN | MATE INTERVAL |
| TS Z | ng p ban | | IMMED | ATE CAUSE (0) | mpensal | er Heuri | Tarray | | 1 | as. |
| PRESTON ST | e con | | C = F2 | DUE TO, OR AS A CON | SEQUENCE OF | do | | | 2 | |
| SE SE | e de att | | Conditions, if any, which gove rise to immediate | (b) since | le moc | U | | | | 405- |
| DIVISION OF VITAL RECORDS, 201 W. F | by the ose re oil, cren | | couse (0), stoting the underlying couse lost | DUE TO, OR AS A CON | SEOUENCE OF | | | | 200 | |
| 5, 20 | gned n ple burio ry, ar | | PART 2 OTHER SIGNIFICAN | CONDITIONS CONTRIBUTIN | G TO DEATH BUT NO | OT RELATED TO THE TER | RMIN AL DISEASE OR CON | DITION GIVI | N IN PART 1:0 | |
| ORD | an to inju | o N | | Pacemak | cer Inc | extrin Du | | T 131 | nur | |
| ECC | D ony | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR V | VHICH OPERATION | | 20a AUTOPSY? | 20b. JF YES | WERE FINDIN | GS USED |
| ALR | The Ite hor set pe grene grene shows | 1 | | | | | YES NO | YES | ING CAUSES | NO [|
| <u> </u> | ICIAN: T g physici g physici errificate ial-transi ntal Hygi em 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | 216. TIME OF INJURY | H DAY YEAR | It. HOW INJURY OCCU | JRRED (ENTER NATURE OF INJU | IRY IN ITEM 18 PA | RT I OR PART 2) | |
| 0 | SICLY Page P | N S | IF EITHER NOTIFY MEDICAL EXAMIN | ALCOHOL . | 19 | | | | | |
| Ö | PHYY endir this of Mo d or | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 2 | II LOCATION | CITY OR TO | NAN | COUNTY | STATE |
| <u> </u> | offer of the state | > | AT WORK NOT WHILE | TAT HOME, STREET, FACTORY, C | DFFICE FARM, ETC. | SINCE | CHIONIC | | COUNT | STATE |
| | A A A A A A A A A A A A A A A A A A A | | 22a I certify that (1) (this has | pital) attended the deceased | from | | 5 10 7-1 | | 9 85 | hot (I) (we) lost |
| | prio prio prio prio prio prio prio prio | | sow the deceased alive a | not) view the body ofter death. | 19 8 ond | hat in (my) (our) opinio | n death occurred on the d | ate and hour | | |
| | has has hed hed ept. | | 226. SIGNATURE | The body oner death. | DE | GREE | | | 22c. DATE S | SIGNED |
| | AL O the letac letac rie D | | Yami T | un7 alar | | ATTENDING PHYSICIAN | MEDICAL STA | FF CLANIC | 7-1 | 1500 |
| - | HOSPITAL med by the FUNERAL old be det the Store | | 224 PHYSICIAN'S NAME ITYPE | OR PRINT) | . 2 | 2e ADDRESS | DIRECTOR BY PHISIC | ,IAN [] | 1 /- 6. | 1-11 |
| | TO HOSPITAL TO FUNERAL should be det with the State | | JAIME ! | UNZALAI | N . | 5214 Hay | Andrd. 1. | salt. | ned. 2 | 1214 |
| | F 2 , 9 , 3 | 23a. l | BURIAL, CREMATION, REMOVA | AL 236 DATE | 23c NAME OF CEM | ETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| | BP | | Removal | 7/15/85 | | | | | | |
| | DHMH - 16 50M 1/BI (VRA 15, 4) | 24 F | JNERAL DIRECTOR | AOG | DRESS | 25e D | ATE REC'D. BY REGISTRAR | | | |
| | (*KA 13, 4) | | Ana | tomy Board | Balto. | , Md. 1 | UI 1 9 1005 | Lilia K | widow A | |
| | | | | | | | | - | | Dept. Care |

THE RESERVE OF THE PARTY OF THE 1780000 Little Colors and Little Street The said fraction the mittee Street STATE PARTY TO SEE MAN TO THE THE STATE OF T

7/8/85

230 BURIAL, CREMATION, REMOVAL 236, DATE

BURIAL

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

190080

- STATE

REGISTRAR

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE William C. March F/H llogs E. North Ave.

Cedar Hill Cemetery Anne Arunde Con Md.

23c NAME OF CEMETERY OR CREMATORY

COUNTY

22c. DATE SIGNED

26 HOUR A

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

IF UNDER I YEAR

INDUSTRY

Diggs



| 6075 | 1. | FOR STATE | | | DEPART | MENT OF H | OF MARYLAND | HYGIENE | | 4 | 0 | 3 7 |
|---|---------------|---|---|------------------------------|---|------------------|--------------------------------|-------------|--|-------------|------------------------------------|----------------------------------|
| .5 | / | REGISTRAR | | | | | ICATE OF DEATH | | O RES. NO. | - 1 | 7 3 | 0 0 |
| 25 | | CEASED NAME OR PRINT) | FIRST | ٨ | NIDDLE | ı | | | | | | 8 30 p |
| E P | | | MARGA | | C. | | LER | 1 105 | | 1 | | 1 //1 |
| offer p | 3. SE. | | | RACE | | 5. DATE C | DAY YEAR | 6 AGE | (IN YEARS LAST BIRTHO | (AY) | MONTHS DAYS | HOURS MIN. |
| urs o | | Female | | Whit | | Sept | . 28 1896 | | 88 | YRS | | |
| 2 ho | | RTHPLACE (STATE OR F | OREIGN 7 | | WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9 BAL | TIMORE CITY OR | COUNTY | OF DEATH | |
| hin a | _ | laryland | | U,S | | WIDOWE | | | | City | | MD |
| led with | 10 C | TY OR TOWN OF DEA | TH I | | IOSPITAL, NURSIF H FACILITY, GIVE STREET | | OR OTHER INSTITUTION | | SUAL OCCUPATION OF WORK FOR MOST OF W | | | OF BUSINESS OR |
| | | LTIMORE CI | | INION | MEMORI AI | HOSP | ITAL. | H | ousewife | | Own | Home |
| d-2 should be | 13a. S | AL RESIDENCE (IF NURS STATE Md. | 13b COUNT | | Balto. | | 13d. INSIDE CITY LIMITS | 5? 13e STE | REET ADDRESS / Z | ip code | Ave. 2 | 1218 |
| 2 sh | 14 FA | ATHER'S NAME | | IDDLE | 1241 | | 15 MOTHER'S MAIDEN | NAME | WIDDLE | | | |
| and | | ? | m | | lassenhi | mer | Grace | | WIDDLE | | ? | 51 |
| 0 | | VAS DECEASED EVER | | ED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | | ADDRESS | 5 | i i i i i i | |
| Poges medico | | YES, NO OR UNKNOWN) | (IF YES GIVE | WAR OR DATES) | 212-40 | -6755 | Joyce Dr | ruener | Color | ado | Spring | gs, Col. |
| physicio andopers emovol. | | 18 CAUSE OF DEATH PART I. DEATH W | H (Enter only AS CAUSED IMMEDIATE | BY: | CARDIA | | 72 | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| id by the ottending lease remove corbo tol, cremotion, or ri or other froumatic. | | Conditions, if ony, gove rise to imm cause (a), statin underlying cause | nediote g the last | DUE TO, OF | AS A CONSEQUE AS A CONSEQUE CH | B ENCE OF | | | | | | |
| Then p or to bur injury, | NOI | PART 2 OTHER SIGN | UIFICANT CO | A CO | INTRIBUTING TO | DEATH BUT | NOT RELATED TO THE T | TERMINAL DI | ISEASE OR CONDIT | TION GIV | EN IN PART I | 0 |
| Shows ony | CERTIFICATION | 190. DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 YES | | NCERTIF | S, WERE FINDIN YING CAUSES S | |
| entol Hygientol | | 210 ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEAT | HOUR A. | MONTH D | AY YEAR | 21¢ HOW INJURY OC | CURRED (EN | ITER NATURE OF INJURY I | N ITEM 18 P | ART 1 OR PART 2) | |
| os the bur th ond Me orked or h | MEDICAL | 21d. INJURY OCCURE | | 21e. PLACE ((AT HOME STR | OF INJURY EET, FACTORY, OFFICE, I | FARM ETC } | 211 LOCATION STREET | | CITY OR TOWN | | COUNTY | STATE |
| for use of of Health 21 is mor | | 22a.t certify that (I) sow the decease above, (I)/(we) (C | this hospite | bm / 1/ | 1 | 7/18 8.5 , on | d that in (my) (our) opin | 95, to | 7/19 courred on the date | ond hou | | that (I) we lost |
| detoched ote Dept II. If Nem | | 226. SIGNATURE | 4 85 | | m.D. | | DEGREE ATTENDIN PHYSICIA | | ICAL STAFF | NB | 22c. DAJE | SIGNED 8/85 |
| TAN TAN | | 22d. PHYSICIAN'S NA | ME (TYPE OR | PRINT) | - | | 22e ADDRESS | | | | | |

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co., Balto., Md. (VRA 15, 4)

23b. DATE

7-23-85

230 BURIAL, CREMATION, REMOVAL

Burial

131 NAME OF CEMETERY OR CREMATORY 1234 LOCATION CITY OF TOWN Balto.

COUNTY Md.

250 DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 2 2 1985

For alla control of the control of t

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No. 1 2 - 2 - 10-10-10-0765 Journal of Delivering Souther . Col.

. HAV

Makeda G we 11-39-T [14c1]

Tester V. Jendro II John Co., Batto, Md. J. Ste Starfeld

MPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or ather traumatic event,

DHMH - 16 50M 4/83

(VRA 15, 4)

203363

poge 3

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| | | 1120101111111 | | | | | | ~ | MACG. NO. | | 400 | | | |
|--------------------------------|---------------|--|------------------|--|------------|---------------------|------------|--|---------------------------|------------|----------------------|------------|----------|--|
| | | CEASED NAME FIRST | | MIDDLE | | 20. DATE OF D | EATH MONTH | DAY | YEAR | 26. HOL |)R | | | |
| - | Line | MILDR: | FD | C | M | ILLER | | 13.14.04 | 07 | 16 | 85 | 4:0 | 15 m | |
| 8 | 3. SEX | | 4. RACE | 0 | 5. DATE C | | | 6 AGE (IN YEAR | RS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS | |
| | | Female | White | e | Aug. | 18, 1910 | O YEAR | 74 | YR: | MONTHS | DAYS | HOURS | MIN. | |
| | 70. BI | RTHPLACE (STATE OR FOREIGN | 16. CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MAR | DIED [| 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | | |
| 5 | 100 | Maryland | U.S. | | WIDOWE | DIVOR | CED | BALTIMORE CITY MD. | | | | | | |
| 4 | BA | ALTIMORE | UNION | HOSPITAL, NURSIN HFACILITY, GIVE STREET MEMORIAL | HOSP | | TION | 120. USUAL OC (TYPE OF WORK FO House | OR MOST OF WORKIN | | KIND O USTRY | F BUSINI | ESS OR | |
| 5 | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUL | | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor | /N | 13d. INSIDE CITY I | LIMITS? | 13e.STREET AD 5815 | DRESS / ZIP CO Lochlea | Rd. | 212 | 09 | | |
| 0 | | Andrew | WIDDLE | Anderson | 1 | 15 MOTHER'S MA | | | MIDDLE | 01Cc | LAST O nno | r | | |
| | | VAS DECEASED EVER IN U.S. AR | | 166. SOCIAL SECU | IRITY NO. | 17 INFORMANT | | | ADDRESS | | | | | |
| | - 1, | YES, NO UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 212-03-61 | 178 | Mr. Char | rles . | A. Mill | er San | ne as | | | | |
| | > | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly one couse per | line for (a), (b), and | | ~ | | | A 1 1 1 1 1 | | APPROXU BETWEEN C | MATE INTE | DEATH | |
| | | | TE CAUSE (0) | cardia | c 9 | rresl | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | | |
| | | Conditions, if ony, which | ((b)_ | conges | 4 (| heary | _ | Sailur | ٦- | | | | | |
| | | gave rise to immediate cause (a), stating the | DUETO | R AS A CONSEQUE | ENCE OF | | | | | | | 190 | | |
| | - | underlying couse lost. | 1002 10,0 | K AS A CONSEQUE | LINCE OF | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO | THE TERM | INAL DISEASE C | OR CONDITION (| GIVEN IN I | PART 1:0 | | | |
| | NO N | chronic | anem | P | 4 | - X | 1 | O tomber | 1110 | | | | | |
| 2 | ATI | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORME | ED | 200 AUTOPS | | YES, WERE | | | | |
| | CERTIFICATION | None | | | | | | YES 🗆 N | NO NO IN CER | TIFYING (| AUSES | OF DEAT | | |
| | ERI | 210. ACCIDENT WAS UNDERLYING | 21b. TIME O | F INJURY | | 21c. HOW INJUR | Y OCCURR | | RE OF INJURY IN ITEM. | | PART 21 | 110 | | |
| | | OR CONTRIBUTING CAUSE OF DE | 100 | M. MONTH DA | . / | _ | F./ | 1 - | Fr (| 6 | hip | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE) | 21e PLACE | | 198 | 211, LOCATION | 1-411 | | 1 1 | | 1 | | | |
| 7 | ME | WHILE NOT WHILE AT WORK | (AT HOME, STE | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET 58/S | - 60 | chlea | Rd | Bol | UNIX | M | TATE | |
| 4 | | 220.1 certify that (I) (this haspi | | | 7/ | 14 / 1 | 0 85 | 10 /7 | 1116/ | 10 8 | 25 | hat (1) (v | wa) lost | |
| | | saw the deceased alive an above, (1) (we) (did) (did no | 7/1 | 5/ 19 | | d that in (my) four | opinian c | leath of the | o the day of | 76 | | ouses sto | | |
| ń | | 226 SIGNATION | 7 / | | | DEGREE ATTE | MEASON I | MEDICAL | STAFF | ER 22 | C. DATE | IGNED | /_ | |
| | | 22d. PHYSICIAN'S NAME LITTE | Ver | nico | 1 1 | PHY: | SICIAN [| DIRECTOR | PHYSICIAN | 0 | 7/ | 16/ | 85 | |
| | | | lernic | hi | | Union / | Mem, | Hosp. | , Ball | 4, 1 | 1.0. | | | |
| | | SURIAL, CREMATION, REMOVAL | 23b. DATE | 23c N | NAME OF C | EMETERY OR CREA | MATORY | 23d. LOCATA | TOWN | COUN | TY | | TATE | |
| | | Burial | 7-19- | 85 Ne | ew Cat | hedral | | | timore, | Mary | land | | | |
| | 24 FL | JNERAL DIRECTOR | Dec 1 - | ADMIN | | 363 | 25a DATE | REC'D. BY REC | SISTRAR 256. REG | 0.00 | 0. | | -31 - | |
| | | NAME Leonard J. | Ruck, I | nc. ^Bal | timore | e, Md. | 11111 | 14 0 400 | DE M. | Printe. | 1 70 | mel M | , | |

| | 38, 1910 | . Outs | Wile. | 61823 |
|-----------------------|-------------|---------|---------|--------------|
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| al trasuoli | | | | |
| polj lochies m. 21209 | | promit! | ę- | in 1 de la s |
| nemoop10 | 1,218 | долебн | ng A | Weights |
| A. Tilor deal og mije | it. Charles | | 215 | Toll 1 |
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| | | | 2. | |
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NAMES AND ASSOCIATION OF THE PROPERTY OF THE P

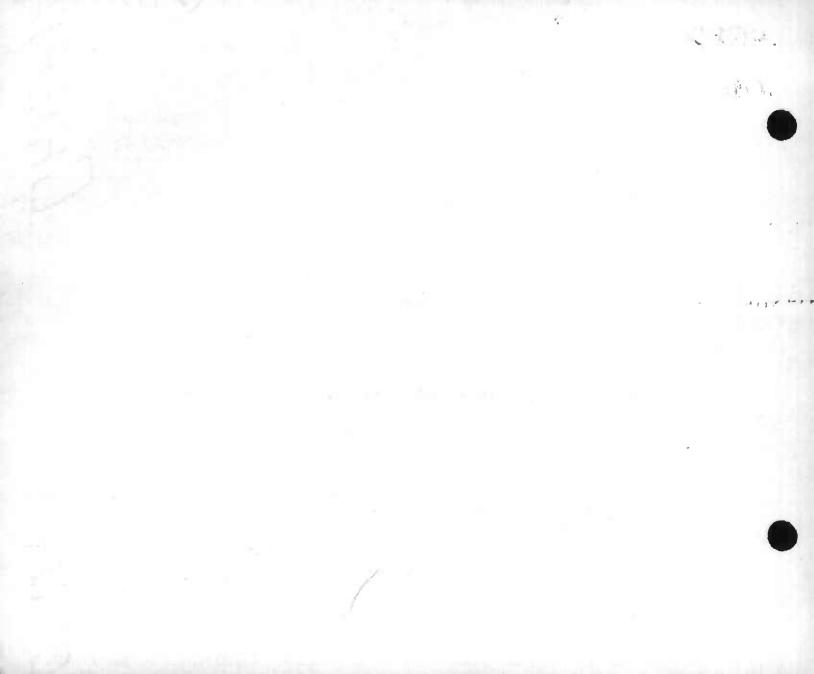
nria -1-5 estados su altimore, arribol Tecnero J. Ruer, Inc. Balvimore. .d.

STATE OF MARYLAND

| } | 1- | FOR STATE REGISTRAR | | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | | | | | 9 5 | 3 | 5 |
|---------------|--|--|--------------|-------------------|---|--------------|-----------------------|---------------------------|--|---|--------------------------------|-------|
| 1 | | CEASED NAME | FIRST | | WIDDLE | | LAST | 2a. DATE OF DE | ATH MONTH | DAY YEAR | 2b. HOUR | 4 |
| | (14b£ | Nettie Mills | | | | | | July | 7, 198 | 5 | 4:15 | M C |
| | 3. SE | X | | 4. RACE | | 5. DATE O | OF BIRTH | 6 AGE (IN YEARS | | IF UNDER 1 YEAR | IF UNDER 2 | 4 HRS |
| | | Female Black | | ick | 8 12 02 | | 82 | YRS. | MONTHS DAYS | HOURS | MIN. | |
| 7 | Ja. Bi | BIRTHPLACE (STATE OR FOREIGN 75. CITIZEN OF | | | WHAT COUNTRY? 8 MARRIED NEVER MARRIED | | 9. BALTIMORE | | | | | |
| | | Md. | | USA | | WIDOW | EDY DIVORCED | ∃ Baltimo | ore City | | | MD. |
| 2 | | (IF NOT IN SUCH FACILITY, G | | | CH FACILITY, GIVE STREET | | | 12a USUAL OCC | WPATION MOST OF WORKING L | IFE) 12b. KIND C | OF BUSINES | SOR |
| | | AL RESIDENCE (IF NUR | SING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | E ADMISSION) | | 1 | | | | |
| 5 | USUAL RESIDENCE (IF NURSING HOME OF OTHER II 136 STATE Md. | | 4TY | T D T T T | | YES NO | 2422 | RESS / ZIP COD Llewely | | nue 2 | 2120 | |
| 5 | | THER'S NAME FIRST Unkn | | MIDDLE | LAST | | Cecila | | DDLE | LAS | st | |
| 4 | 114a V | | | 16h SOCIAL SECL | SOCIAL SECURITY NO. 17. INFORMANT | | | Bryant | | | | |
| CERTIFICATION | (1 | (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | | 216-03 | | | | | 14 Harlem Ave | | | |
| | | 18 CAUSE OF DEAT PART I. DEATH V | H (Enter or | ly one cause per | r line for (a), (b), on | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | | PART I. DEATH V | | IE CAUSE (0) | 0 | 1 | HOCOS | | | | | |
| | | Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | NO | PART 2 OTHER SIG | | (c)_ | | | NOT RELATED TO THE TE | RMINAL DISEASE OF | CONDITION GI | VEN IN PART II | 0 | _ |
| | RTIFICATI | IN. DATE OF OPERA | | IN. COND | ITION FOR WHICH | OPERATIO | IN WAS PERFORMED | 20s AUTOPSY YES □ NO | IN CERTI | S, WERE FINDING CAUSES | NGS USED S OF DEATH NO [| 15 |
| 7 | | DE CONTRIBUTING (# ETHER, NOTEY MED | CAUSE OF DE | 1111 | M MONTH D | AY YEAR | Nr. HOW INJURY OCCU | URRED (ENTER NATURE | OF PUBLISH PLITTING 18. | PART I OR PART 2] | | |
| | MEDICAL | THE PHILIP OCCUR | RED | 71s, PLACE | OF INJURY REIT, FACTORY, ONFICE, F | ALC: UPS | 2H LOCATION | CH CH | Y OR TOWN, | COUNTY | lita | a)E |
| | - 2 | 27s.1 certify that | - | tol) arrended th | g deceased from_ | 09 | ADR JOR | 3_10 | 47 | 10 00 | that (D(w | 1 |
| | - 3 | saw the occored gate on show the body after death. 19 and that in (my) our point death occurred on the date and hour and from show (1) wer (did) did not yiew the body after death. DEGREE 17% | | | | | | | | or and from the | couses state | ed . |
| | | | M.C | whe | ini |) | ATTENDING | DIRECTOR D | STAFF PHYSICIAN [| 7/9 | 11 | _ |
| 1 | | 22d. PHYSICIAN'S N | AME (TYPE C | CUTE | er 1 | N | 220 ADDRESS 40 | 750b. | Lane | BOX | 281 | Z |
| | | BURIAL, CREMATION | REMOVAL | | | | EMETERY OR CREMATOR | CITY OF 10 | DMM | COUNTY | STA | ATE |
| | | Burial | | 7/15/ | /85 Ea | stvi | ew Mem. Pk | . Balt | imore, | Maryl | and | - |
| | | UNERAL DIRECTOR | | E /11 2.3 | ADDRESS | 1.1. ^ | | ATE REC'D. BY REGIS | The same of the sa | TRAR'S SIGNAT | | |
| | Wi | illiam C.∣ | March | F/H 1] | IUI F. No | rth A | ve. | THE MAR | · A.C. K | 11. 50 | 0.44 | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR FG NO 20 DATE OF DEATH L DECEASED NAME MONTH 2b HOUR LITYPE OR PRINTS Nellie 4 RACE S DATE OF BIRTH AGE UN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3. SEX MONTH YEAR Black Th CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED A Com ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Shock (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION THE THIRD COLLECTION OF THE SHOELD SHOULD BE SHOUL 13e STREET ADDRESS / ZIP CODE Poplar Grove ST. Mary Himore NO ANIDDLE Parham Gertrude 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Ella L. Austin Gilmore St. 610 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ADULT RESPIRATORY DISTRESS SMNDROME DUE TO OR AS A CONSEQUENCE OF Stone SHOCK. Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost BLUNT TRAVHA - MOTOR VETTICLE ACCIDENT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION NOF YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Pedestrian struck by auto. LIF EITHER NOTIFY MEDICAL EXAMINER 7-9-19 85 NoonP.M. 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC I CIPEFI NOT WHILE street Saratoga & Charles Sts., Balto, City AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from CENTIFICATION APPROVED BY MEDICAL EXAMINERY from the couses stoted 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SHOCK TRAINA USIT, UNIV. OF MARYLAND, BARTHORI -OXORN ONALO 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY) COUNTY STATE Burial 8/5/85 Arbutus mem. Balto. 250 DATE RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE James Davidson Williams 24 FUNERAL DIRECTOR

1101 E. North

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. march E/H

BP.

Should be detained with the State D

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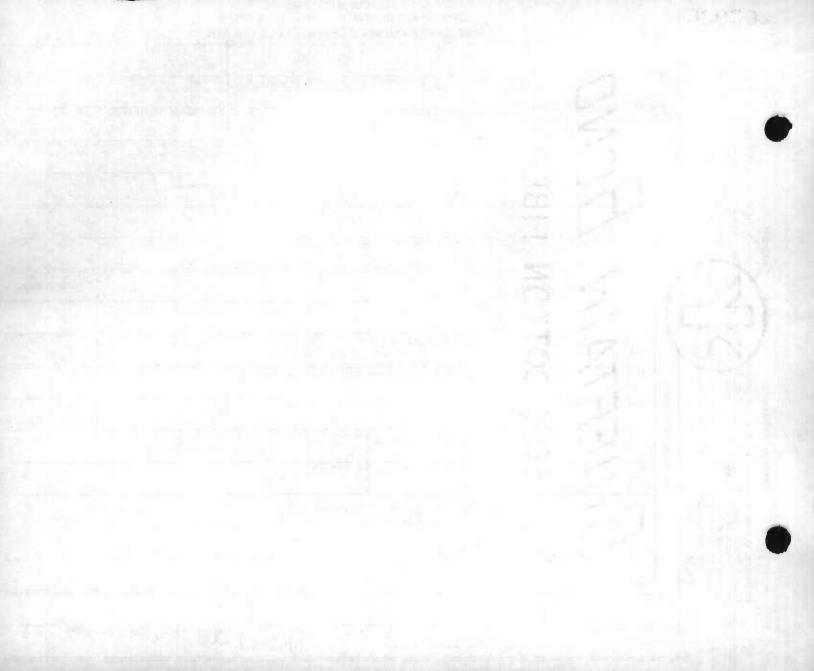
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| 38 | - 5 | MAIL. | IK.#85- | 51 | | | | H AND ME | | | | | | | | |
| - | | EASED NAME | FIRST | IV | MIDDLE | EXAMI | NER'S | CERTIFIC | CATEO | FDEAT | | REG. N | | .5 | 8 / | |
| - 1 | | OR PRINT) | LIMSI | | WIDDLE | | | LAST | | 20. | OF E | CTI | MONTH | DAY | YEAR 2 | HOUR |
| | | | Paul | | | | | isczuk | | | DEATH M | ATED X | | 19 | | Λ |
| 3 | SEX | | RACE | 5. DATE OF BIR | | 6. AGE (IN) | | | IF UNDER | | DATE | D | MONTH | DAY | | 7:45 |
| 1 | | | White | 5 2 | 8 4 | | YRS. | | | | DEAD | | 7-4 | | 82 1 | p. 43 |
| 200 | a. BIF | EIGN COUNTRY | OR | 16 CITIZEN OF | WHAT COL | INTRY? | 8. MAR | RIED NEV | ER MARRIE | ED 0 9 | BALTIMOR | RE CITY C | OR COUNT | Y OF DEA | TH | |
| 2 | | ryland | | U.S. | | | | WED | DIVORCE | | | | e Cit | -У, | | MD |
| 1 | D CIT | Y OR TOWN OF | DEATH | 11. NAME OF H | HEACHLITY, GIVE | URSING HOA | AE, OR OT | HER INSTITUT | ION | 12a USUA FOR MO | L OCCUPAT | TION (TYPE | E OF WORK | 12b KIND OR IN | OF BUSI | INESS |
| 1 | | altimore | | 3200 | blk. F | Soston | St. | (field) | | | | | | | | |
| t | JSUA 3a ST | L RESIDENCE (IF I ATE | 13b COUP | OR OTHER INSTITUTION | | CE BEFORE ADMIS | SION) | 1134 INSIDE CI | Y LIMITS? | 13e STREE | T ADDRESS | | | | | |
| 1 | | Unkn. | | | Ba: | lto. | 1 | YES D | NO 🗌 | | 8 East | | Ave. | 212 | 31 | |
| Ti | 4. FA | THER'S NAME | | MIDDLE | | LAST | | 15. MOTHE | R'S MAIDE | | MIDDI | | | LAST | 24 | |
| - | | | | | | | | | | | | | | LHJ! | | |
| 1 | 6a W | AS DECEASED E | VER IN U.S. AR | MED FORCES? | 16b. SC | OCIAL SECUR | ITY NO. | 17 INFORM | MANT | | / | ADDRESS | | | - | |
| L | | Unkn. | | | 23 | 2-42-0 | 369 | | | | | | | | 21 5 | |
| 1 | | 18 CAUSE OF D | EATH (Enter or H WAS CAUSE | nly one couse per | | | | | | | | | | APPRO | DXIMATE IN | NTERVAL |
| | 1 | PARTIDEAT | | TE CAUSE (o) | | determi | | | | | | | | | | |
| | | | | | OR AS A CO | NSEQUENCE | OF | | | | | | | | | |
| | £. | | if ony, which to immediate | | | | | | | | | | | | | |
| | | couse (o) sto | ting the under- | DUE TO, | OR AS A CO | NSEQUENCE | OF | | | | | | | | | |
| | | | | (c) | | | | | | | | | | | | |
| | _ | PART 2 DTHER SIGNIF | ICANT CONDITIONS | CONTRIBUTING TO DE. | ATH BUT NOT RE | LATED TO THE TEL | RMINAL DISE | ASE OR CONDITION | GIVEN IN PAR | T I tol | | | | | | |
| 1 | CERTIFICATION | | | | | | | | | | | | | | | |
| 1 | V | 19a. DATE OF OF | EKATION | 196 CON | IDITION FO | R WHICH OPE | RATION | WAS PERFORA | MED? | | | | | 20 AUT | OPSY? | |
| | RTIF | al Eureania | ALLECANAS | | | | | | | | | | | | XX | NO 🗌 |
| | | 210. EXTERNAL C | | HOUR | OF INJURY | H DAY YEA | AR | HOW INJURY | OCCURRED |) LENTER NAT | URE OF INJURY | IN ITEM 18 F | PART 1 OR PAR | T 2) | | |
| | MEDICAL | CONTRIBUTING | CAUSE OF | | P.M. | ? 19 | ? | | | | | | | | | |
| 1 | MED | WHILE | OT WHILE IT | | FACTORY, FARM | Y (AT HOME, | | OCATION STREET | | | ITY OR TOWN | | COU | INTY | | STATE |
| | | WHILE AT WORK | TWORK | | ? | | ? | | | | | | | | | |
| | | 22a. I certify t | hat I took char | ge of the remains | described of | ove, held on | Auto | psy XX. | Inspection | □. | Inquiry [|], on | d in my opi | inion | 10 | |
| | | death resulted | rom: Notu | ral couses, | Acciden | , , s | vicide | J, Homici | ide . | Undetern | nined monne | er XX. | | | | |
| | | A CTUAL | 110 | | 111 | -0 | | TITLE (SP | PECIFY) | | | | | | | |
| 1 | | ACTUAL SIGNATURE | - JACK | ABLE ! | Heyr | ell | / | M.D.Assis | stant | MEDICA | AL EXAMINI | ER | DATE | 7- | 5-85 |) |
| 1 | | EXAMINER'S NA | ME Mass | annita A | Vor | 11 14 | D | | ים ווו | | | | NA-3 | 21 | 201 | |
| 1 | | (TYPE OR PRINT) | PICH. | garita A | | | | ADDRESS_ | | | t., Ba | a110. | , Ma. | . 21 | 201 | |
| 2 | 3a.BU | RIAL, CREMATIO | 5. | | 23c | NAME OF C | METERY | OR CREMATO | RY | 23d. LOCA | TOWN | | COUN | TY | STATE | |
| - | 4 5 | Remov | | 7/9/85 | | | | To To | V. DAVE | FCID BU T | | 057 . 0.5 | for the same | 20.4 | Se. | 16 |
| 1 | TON | NAME Board | K | BAT | to., N | rd. | | 2 | DATE R | FCD. BY RE | STRAR | ALES | en alle | ATORE | | Ä |
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

| 1 FOR | DEPART | MENT OF HEALTH AND MENTAL H | YGIENE | | | 1.74 |
|---|---|-------------------------------------|------------------------------|------------------|-----------------|----------------------|
| - STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 SREG. NO | . 1 9 | 2) 0 | 7 |
| DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY | YEAR 26 H | OUR |
| | ra . | Mitchell | J | บใน 19 | 1985 11 | : 30A |
| SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF UND | ER I YEAR IF UN | DER 24 HRS |
| FEMARE | Cod | MONTH DAY YEAR 30 | 55 | YRS. | DAYS HOU | RS MIN. |
| BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | | 9 BALTIMORE CITY O | | EATH | |
| BALTIMURE MA | W.S.A | WIDOWED DIVORCED | Baltimore | City | | ME |
| CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATE | ON 126 | KIND OF BUS | |
| Baltimore | Maryland Gener | | FOOME MA | | DUSTRY | |
| SUAL RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION GIVE RESIDENCE BEFO | RE ADMISSION) | | | | |
| PARGLANO - | 130470 | YES NO [| 1406 N. F | CLATON | AUE | 2120 |
| FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | NAME | 02.00 | | |
| MURAN PA | MIDDLE LAST | EWA | WOLF E | | LAST | |
| WAS DECEASED EVER IN U.S. A | | URITY NO. H INFORMANT | ADDRE | SS | 212 | 171 |
| (YES, NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) 213 26 | 8844 Mr. Bobby | Lee mitche | 11 1401 | ON F | 1.17 |
| 18 CAUSE OF DEATH (Enter of | inly one couse per line for (o), (b), o | nd (c) | ACCOT HIT JCARCA | | APPROXIMATE IN | TERVAL |
| PART I. DEATH WAS CAUS | FD RY. | tory Failure | | | BETTILEN ONSET? | W. D. C. KIII |
| WWEDI | 112 011001 10) | | | | | |
| Conditions, if ony, which | DUE TO, OR AS A CONSEQU | t Carcinoma With E | rain | 14 E | | |
| gove rise to immediate couse (a), stating the | | | 71.01.11 | 1000 | | |
| underlying couse lost. | DUE TO, OR AS A CONSEOU | | | | | |
| PART 2 OTHER SIGNIFICANT | | DEATH BUT NOT RELATED TO THE TE | PMINAL DISEASE OF CONI | DITION GIVEN IN | PART No | |
| | CONDITIONO CONTINUO III | DEATH OF INCIDENCE TO THE TE | MANUAL DISEASE ON CON | DITION GIVEN IN | TAKI 110 | |
| 19a DATE OF OPERATION | 19h CONDITION FOR WHICH | H OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WER | E FINDINGS U | SED |
| 19a DATE OF OPERATION | | | YES NO | IN CERTIFYING | | EATH? |
| 21g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCCU | JRRED (ENTER NATURE OF INJUR | | | |
| 00.000.000.000.00 | | DAY YEAR | (6.11) | | , , | |
| (IF EITHER, NOTIFY MEDICAL EXAMIN | P.M. 21e. PLACE OF INJURY | 211 LOCATION | | | | |
| WHILE NOT WHILE IT | (AT HOME, STREET, FACTORY, OFFICE. | | CITY OR TO | WN CC | YIMUC | STATE |
| AT WORK AT WORK | | June 17 10 85 | July 1 | o · | 85 that \$ | |
| sow the deceased alive a | oitol) ottended the deceosed from, in July 19 19 19 Notes the body ofter death. | 85 , and that in (mx) (our) opinion | , 10 | . 19 | , mor (| (we) los s stated |
| 22b. SIGNATURE | D D | DEGREE | | 2 | 2t. DATE SIGN | ED |
| lange. | of Fene | ATTENDING PHYSICIAN | | | 7/19/8 | 5 |
| 22d PHYS CIAN'S NAME ITYPE | OR PRINT) | 22e ADDRESS | | | | |
| Jorge F | Fenner M.D | a/a Manuta | nd Conoral Ho | nenital | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

morked or Item 18 shows ony

IMPORTANT: If Hem 21 is should be detoched for with the State Dept. of

23a. BURIAL CREMATION, REMOVAL

236. DATE

Maryon with district THE COURSE WATER TO SEE THE COURSE OF THE CO Mangament There is a second to the second Man Parme La Call A STREET OF THE STREET OF THE STREET, THE STREET OF THE STREET, THE STREET, THE STREET, THE STREET, THE STREET,

| 1 | FOR STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 8 46. N | . 19590 |
|---------------|--|---|---|---|---|
| (TYP | CEASED NAME FIRST | | Mitchell | 20. DATE OF DEATH | 7-21-85 15. HOUR |
| 3 SE | emale | A RACE | S DATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | MONTHS DATS HOURS MIN. |
| / / | Vorth Carolin | TO CITIZEN OF WHAT COUNTS | WIDOWED DIVORCED | BALLI | nove City MD |
| Ŀ | BALLIMONE | Bon Sec | ours Hosp | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF | ON 126 KIND OF EVSINESS OR INDUSTRY |
| 2 | IAL RESIDENCE (IF NURSING HOME OF | | OWN 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS | ZIP DOEX ington S |
| | JAmes | MCIDIE GAY | 15. MOTHER'S MAIDEN NA | es MIDDLE | GREEN |
| 160 | WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV | MED FORCES? 166 SOCIÁL SE VE WAR OR DATES) 215-5 | 8.6936/nrs.Kalph | Dix 25711 | EutawPlace |
| | PART I. DEATH WAS CAUSE | nly one cause per line for 101, (b). ED BY TE CAUSE (a) | ed Astic Areus | Byr (AD | Ceveling BETWEEN ONSET AND DEATH |
| | Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEC | Scholete Coldora | heules de | ease |
| NOI | PART 2 OTHER SIGNIFICANT (| Conditions <u>contributing 1</u> | TO DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN IN PART TIO |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | ICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| L CEF | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 216. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART OR PART 2} |

YEAR 19

211 LOCATION

CITY OR TOWN COUNTY STATE

that (1) (we) lost and that in [my) (aur) apinian deoth accurred an the date and have and Iram the causes stated

DEGREE

231 NAME OF CEMETERY OR CREMATOR

MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 226 DATE SIGNED

MEDICAL

220.1 certify that (1) (this hospital) attended the deceased fram

saw the deceased alive an above, (f) (we) (did) (did nat) view the bady after death

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

22b. SIGNATURE

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

22e ADDRESS

STATE

DHMH - 16 60M 7/B4

BP.

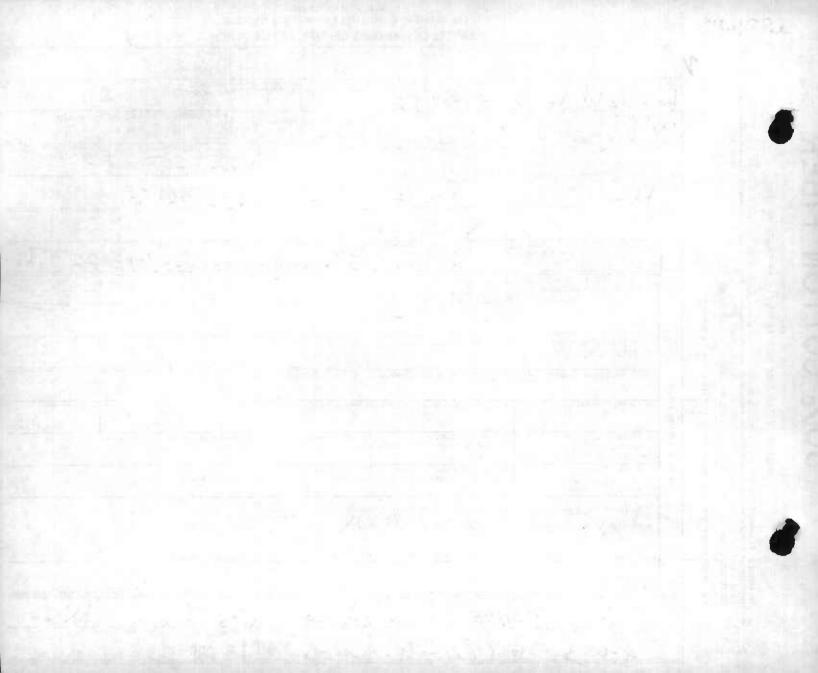
P.M

21e PLACE OF INJURY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 192047 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REC. NO. L DECEASED NAME 20 DATE KNOWN 2b HOUR MONTH LTYPE OR PRINTI OF ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ID, WITHIN 72 HOURS W. PRESTON STREET, DEATH MATED Modra 2 1985 Wilma 11:15 a M 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE SEX PRONOUNCED 210 85 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, WIDOWED A DIVORCED PAGE 5 126. KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY 22nd Street 103 E. RETAIN PA Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13d INSIDE CITY LIMITS? 13e STREE 13L_COUNTY 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE FIRST MIDDLE IT. INFORMANI ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IO OR UNKNOWN) LIE YES GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOXX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK WHILE NOT WHILE AT WORK AGE 4 SHOULD BE FOR O FUNERAL DIRECTOR: 220. I certify that Ltook charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Natural causes X Hamicide Undetermined manner death resulted from TITLE (SPECIFY) DATE Assistant 7/2/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. AFTER! 111 Penn St. Balto.MD. (TYPE OR PRINT ADDRESS 230 BURIAL CREMATION EMOVAL 236 23c NAME OF CEMETER STATE 07/84 250. DATE REED, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIE **DHMH - 17** (VR A15 ME (5))



204068

STATE OF MARYLAND

| 1. | FOR STATE REGISTRAR | | | DEPARTN | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 Sign | 0 | 9 5 | 92 |
|---------------|--|---------------------------|---------------------------------|--|------------------------|--|--|---------------------|---------------------------------|-----------------|
| | CEASED NAME | AMUE | | AIDDLE P | m | ONTI | 20 DATE OF DEATH | 7 - 16 | 785 | 26 HOUR AM. |
| 1.5E | * m ale | 4 R | RACE W | hite | 5. DATE O | DAY COLYEAR | 6 AGE (IN YEARS LAST BIF | | UNDER I YEAR | IF UNDER 24 HRS |
| | aryland | | U.S.A. | WHAT COUNTRY? | 8. MARRIE WIDOWE | NEVER MARRIED DIVORCED | Balti C | TTY | OF DEATH | MD. |
| 1 | ITY OR TOWN OF DEA Baltimore | | (IF NOT IN SUC | HOSPITAL, NURSIN HFACILITY, GIVE STREET A MES HOSP | ADDRESS) | R OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Soderer | | 126 KIND OF INDUSTRY Bell | FORT CO. |
| 130. 5 | at residence (if nurs) STATE aryland | 136 COUNTY Balti | | GIVE RESIDENCE BEFORE 130 CITY OR TOWN Arbutus | | 134 INSIDE CITY LIMITS? | 13 STREET ADDRESS 4717 Gatew | zip code ay Teri | race 21 | 1227 |
| 11_ | oseph | MIDE | DLE . | Monti | | Rose Rose | WE | (UNKNO | OWN) LAST | |
| | WAS DECEASED EVER YES, NO OR UNKNOWN) | IN U.S. ARMED | AR OR DATES) | 218-01- | | Sadie C. Mon | nti 4717 Ga | teway 17 | Terr. | 21227 2 |
| | Canditions, if ony, gove rise to imm cause (a), statin underlying couse | which mediate g the last. | DUE TO, OF | R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E | NCE OF | noid by | edone | DITION GIVEN | N IN PART 110 | |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN NG CAUSES | |
| MEDICAL CER | 21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF CONTRIBUT | AUSE OF DEATH | 21b. TIME OF HOUR A./ P./ | M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCURE | RED (ENTER NATURE OF IN)L | RY IN ITEM 18 PAR | T I OR PART 2) | |
| MEDI | 21d INJURY OCCURR | ILE | 216 PLACE (| OF INJURY EET, FACTORY OFFICE, FA | ARM ETC) | 21f. LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE |
| | 220. I certify that (I) saw the decease above, (I) (we) (d 22b. SIGNATURE | d alive on | | 19 | , an | d that in (my) (aur) apinion of DEGREE | death occurred an the d | ate and have a | | |
| | 22d. PHYSICIAN'S NA | AME (TYPE OR PRI | met of | | | PHYSICIAN [| | IAN | 1_// | 10173 |

Dr. Reisigngar 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

236 DATE

St. Agres Hospital 23c. NAME OF CEMETERY OR CREMATORY

July 18,1985 Crownsville Cemetery

23d LOCATION
CITY OR TOWN
Crownsville

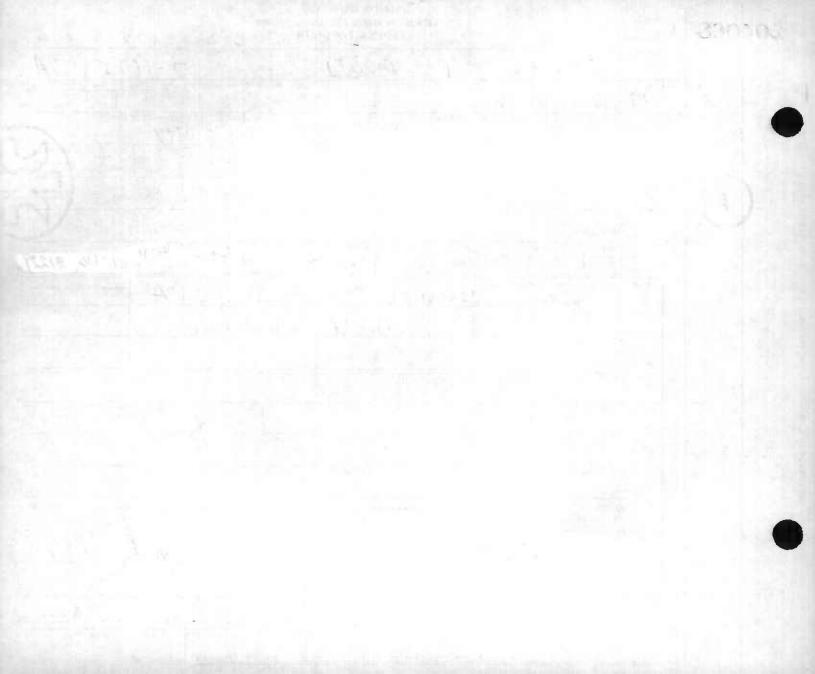
A.A.

Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue



210072

STATE OF MARYLAND

| DEPARTM | ENT | OF | HEALTH | AND | MENTAL | HYGIENE |
|---------|-----|-----|--------|-----|--------|---------|
| | CEI | RTI | FICATE | OF | DEATH | |

| н | | REGISTRAR | | CERTIFICATE OF | DEATH | GEG. NO. | 7 3 7 0 |
|----------|---------------|---|-------------------------------------|----------------------------|-----------------------------------|---|---|
| | | CEASED NAME FIRST | WIOOFE | LAST | 2a. D | ATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| | (1176 | A A | LBERT LES | TER MOONEY | 1 8 60 | bly | 22 85 1348 M |
| ì | 3. SEX | (| 4 RACE | 5. DATE OF BIRTE | 6. AG | E (IN YEARS LAST BIR HOLA) | IF UNDER LYEAR IF UNDER 24 HRS |
| | | Male | Black | Mily Par | 1916 | 69 YRS | |
| - | NO BIE | RTHPLACE I STATE OR FOREIGN | 76. CITIZEN OF WHAT COU | MARRIED NEVER | MARRIED 9 BA | LTIMORE CITY OR COUN | TY OF DEATH |
| in a | 10 | uninus un | USA | | ONORCED [] | Salarviere | Cery MD. |
| N. M. W. | B | athurie | 11. NAME OF HOSPITAL, I | NURSING HOMEOR OTHER IN | | ISUAL OCCUPATION OF WORK FOR MOST OF WORKING | 126. KIND OF SUSINESS OR INDUSTRY |
| 1 | HSUA 130 S | al more to | OTHER INSTITUTION LIVE RESIDENCE TO | MIMIL YES | NO [] 4 | REET ADDRESS / ZIP CO | DE Are /21215 |
| 1 | 14 FA | THER'S NAME FIRST | MIDDLE MAN | ST PIST OF ST | FIRST O | WIOOFE | Recitors |
| - | 16a W | VAS DECEASED EVER IN U.S. AR | | L SECURITY NO. 17 INFORM | | ADDRESS | 1 6 6 7 0 |
| | | | VE WAR OR DATES) 212- | | | 4112 Belle | Ave |
| 1 | | | 0.0 | 7 2 3 3 1 | 7 | TITA DOITE | |
| 5 | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | D BY: TE CAUSE (a) TSCUL | wit, Heart | Dise | use | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | IMMEDIA | | | 1 | 1747-11-2 | |
| 3 | | Conditions, if any, which | BUE TO, OR AS A CO | ISEQUENCE OF LEIOS | | | 21 2 2 2 2 2 |
| ۱ | | gove rise to immediate | | | | | |
| | | couse tot, stating the underlying cause last. | DUE TO, OR AS A CON | ISEOUENCE OF | | | |
| | | PART 2 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTION | IG TO DEATH BUT NOT RELATE | D TO THE TERMINAL D | DISEASE OR CONDITION (| GIVEN IN PART 1(a) |
| | N O | Hyperteusin | y. Reune | Turntha | ien | | |
| 2 | ATI | 198 DATH OF OPERATION | 196 CONDITION FOR | WHICH OPERATION WAS PERF | ORMEO 200 | | YES, WERE FINDINGS USED |
| | CERTIFICATION | ULY 22 1985 | Tschen | uz Haut | GIBELLYE | S NOT | TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \) |
| 7 | CER | 210 ACCIDENT WAS UNDERLYING | | 21c HOW | INJURY OCCURRED (E | NTER NATURE OF INJURY IN ITEM I | |
| | - | OR CONTRIBUTING CAUSE OF DEA | | H DAY YEAR | | | |
| | MEDICAL | 214 INJURY OCCURRED | TIE PLACE OF INJURY | ZIE LOCAT | ION | | |
| | W | ACWORN D NOT WHAT D | EAT HOME STREET, FACSORY, | OFFICE FARM STC STRE | | CRYCHTOWN. | COLINY SYAW |
| | 20 | 37s.1 certify that (I) (this hospi | Tell cottended the Mecanised | 1. 22 bly | 78 at | 20 2/4 | 10_ ST that ID (wn) last |
| i | | | t) vige the body often death | | r) (our) opinion death r | occurred on the chat and h | your and from the cover stated |
| 7 | | The SIGNATURE? | t sight the body ofter death. | / DEGREE | Constitution of the second second | MANAGE STORY OF THE STORY | 127c. DATE SIGNED |
| | | MU 7 - | Munico | - 40 | ATTENDING MEE | CTOR PHYSICIAN | 1 Dely CE |
| - | | 224 PHYSICIAN'S NAME (TYPE C | OR PRINT) | 22e ADDRI | | CIOR PHISICIAN IN | (/0) |
| | | Carl L- | Tommaso | ND 35 | 2 5 616 | reve y | Bartilung |
| | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF CEMETERY OF | CREMATORY 236 | LOCATION | |

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbon pape: with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, or other traus

IMPORTANT: If them 21 is marked or them 18 shows any

FOR - STATE

14 FUNERAL DIRECTOR Dyett & Son Fun. Home 4600 Lib. Hght. 130. DATE

Le roy O. Dyett & Son Fun. Home 4600 Lib. Hght. 130. DATE

em. Baltimore MD.

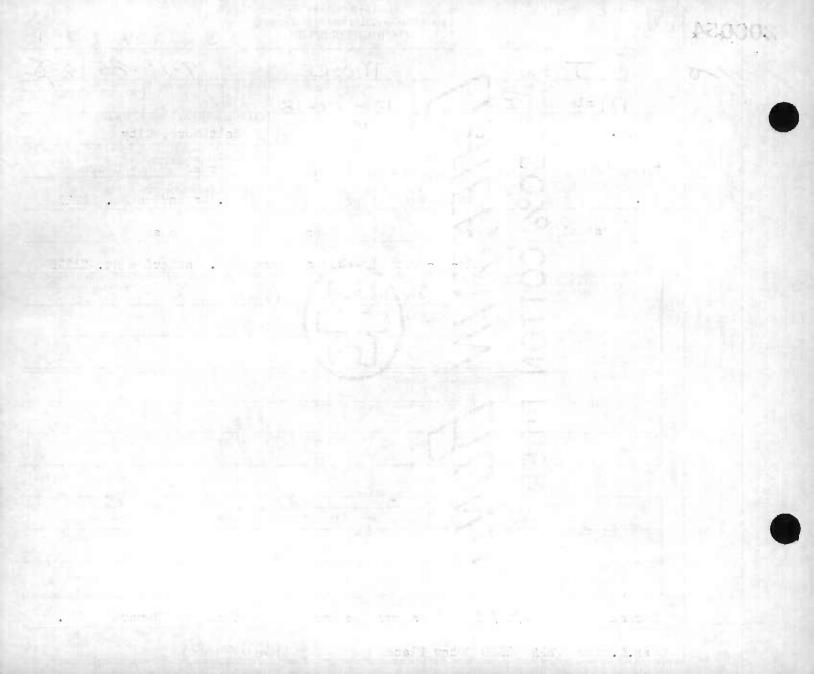
Too Date REC'D. BY REGISTRAR NO REGISTRAR'S SIGNATURE.

THE DATE REC'D. BY REGISTRAR NO REGISTRAR'S SIGNATURE.

THE 25 - 1 THE SECOND 2 - B - Weth Manay 4112 Bellin Ask Parly 1/25/25 which made them Bulkering to the the first of the commence of the first of the first and the first of the commence of the comme

DHMH - 16 60M 7/B4 (VRA 15, 4)

| | 1 | | | | E OF MARYLAND | | | |
|---|---------------|---|-------------------------------------|----------------------|--|--|----------------------|---|
| 206054 | 1. | FOR STATE | D | | HEALTH AND MENTAL HYG FICATE OF DEATH | IENE | 1 0 | 5 0 a |
| 140000 | 1.05 | REGISTRAR CEASED NAME FIRST | MIDDLE | | EAST | Ö DEG. N | D. DAY | YEAR 125 HOLLR 4 |
| o m=/- | | E OR PRINT) | | - | • | 2g. DATE OF DEATH | MONTH DAY | YEAR 2b HOUR 4 |
| o o | 3. SE | | 1 RACE | 5. DATE | MOORE | 6 AGE (IN YEARS LAST BIR | -10-0 | DER LYEAR OF UNDER 23 HRS |
| 4 62 | 3. 36 | \ · | 77. | MONT | H DAY YEAR | | MONTH | DAYS HOURS MIN. |
| 900 | In B | IRTHPLACE (STATE OR FOREIGN) | Dlack To CITIZEN OF WHAT COL | INITPY2 8 |)-27-18 | 66 BALTIMORE CITY O | YRS. | EATH |
| death. | | COUNTRY Md. | U.S.A. | MARRIE | | | re, City | MD |
| ote 1 | 10. C | RO + | 11. NAME OF HOSPITAL, | IVE STREET ADDRESS) | OR OTHER INSTITUTION | 12g USUAL OCCUPATI (TYPE OF WORK FOR MOST O Minister | F WORKING LIFE) IN | KIND OF BUSINESS OR DUSTRY Church |
| 5.00 | USU | AL RESIDENCE (IF NURSING HOME OR | | ICE BEFORE ADMISSION | 11030. | | | Sudicu |
| 24 h | 130 | Md . 136 COUN | | timore | 136. INSIDE CITY LIMITS? | 45 N. Cati | zip code nerine S | t. 21223 |
| all the | 14. F. | ATHER'S NAME | NIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | ΛE | | |
| omple ond | 0 | Randolph" | Moore | IASI | Emma | WIDDIE | Henson | LAST |
| ecut | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCI. | AL SECURITY NO. | 17 INFORMANT | ADDRE | SS | |
| S. Pop | | No | 215-0 | 07-9555 | Rebecca Moor | e 45 N. Cat | therine S | St. 21223 |
| ysicio opera val. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | y one couse per line for to | , (b), god (c) | 011. | ` | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| g ph and ewer | 1 | IMMEDIATE | |)mall | Cell Ching (| 6461 | | Smath |
| ndin carb | | | DUE TO, OR AS A CO | NSEQUENCE OF | | | | |
| atte nave attor | | Conditions, if any, which gove rise to immediate | (ıb) | | the month of the | | | |
| y the | | couse (0), stating the underlying couse lost. | DUE TO, OR AS A CO | NSEQUENCE OF | | | | |
| the pleop | | PART 2 OTHER SIGNIFICANT CO | (c) | NC TO DEATH BUIL | NOT BELLATED TO THE TERM | NAME OF STREET | | |
| quire sign Then to bu | Z | TAKE Z OTTEK STOTALITECTIVE CO | ONDINONS CONTRIBUTION | ING TO DEATH BOT | THO RELATED TO THE TERMI | INAL DISEASE OR CON | JITON GIVEN IN | PARITIO |
| beer mit. | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WER | RE FINDINGS USED |
| he ke | I I | | | | | YES# NOT | IN CERTIFYING YES | CAUSES OF DEATH? |
| N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. N. T. T. N. | S S | 210. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY HOUR A.M. MON | TH DAY YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM IB PART TO | |
| g pl g pl g pl g pl g pl g pl g pl g pl | SAL | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | |
| PHYS endin this d Me d or l | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | OFFICE FARM FTC) | 21f LOCATION STREET | CITY OR TO | WN CO | DUNTY STATE |
| offer of the or | 1 | AT WORK NOT WHILE | | | | /. | | 2-2- |
| NDI or or use use Heoli | | 220 I certify that (I) (this hospital | ol) ottended the deceased | | 19_47> | to | . 19_0 | , that (1) (we) last |
| ATTE Dspite ECTC d for t of m 21 | | saw the deceosed olive on obove, (I) (we) (did) (did not | | 19, o | nd that in (my) (our) opinion d | leath occurred on the do | ite and hour and | from the couses stated |
| OR DIRE | | 22b. SIGNATURE | , | | DEGREE ATTENDING | MEDICAL STAF | | 2c. DATE SIGNED |
| by the by the ERAL State | | 22d. PHYSICIAN'S NAME TYPE OR | 00(5)7) | Carrier In the | PHYSICIAN 22e. ADDRESS | DIRECTOR PHYSIC | IAN | |
| TO HOSPITAL retoined by th TO FUNERAL should be dete with the Stote IMPORTANT: | | 1 | PRINT) | | ZZE. ADDRESS | | | |
| TO HOOP Shauld with the IMPOR | 22 | Pronts | | | | | | |
| | 230. | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 7/20/85 | | igge Park | Elkridge | Woward | Md STATE |
| BP | 24 F | UNERAL DIRECTOR | 1120103 | Headowr | | REC'D. BY REGISTRAR | | |
| DHMH - 16 60M 7/B4 (VRA 15. 4) | | Chas A Rice FSF | A 1300 Eut | DDRESS AW Place | | W 2 2 1985 | 1 Landing | Calculations and |



BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

203377

STATE OF MARYLAND

| | 1. | FOR STATE | | DEPARTM | | EALTH AND MENTAL HYG | IENE | | | |
|---|---------------|---|------------------------|---|---------------|--|----------------------------------|--------------------|--------------------|----------------------------------|
| | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0 9 | 5 | 9 5 |
| | | CEASED NAME FIRST | MIDD | DLE | Į. | AST | 20. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| | (ITPE | Lula | M | | Mod | ore | 7-14 | 185 | | 800 |
| | 3. SEX | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST B | | UNDER I YEAR | IF UNDER 2 HRS HOURS MIN. |
| Ц | | emale | Black | | 04 | 29 38 | 47 | YRS | | |
| 9 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WH. | AT COUNTRY? | MARRIE | D NEVER MARRIED | Baltimore city of | | | |
| 2 | 1 V | a TY OR TOWN OF DEATH | U.S.A. | DITAL NUIDCING | WIDOWE | DIVORCED DIVORCED | 12a USUAL OCCUPAT | | * | MD. |
| 4 | I | Baltimore | Union | Memor | iai : | Hospital | Libraria | OF WORKING LIFE) | INDUSTRY | F BUSINESS OR |
| 5 | "13a S Ma | AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUL | VTY 13c | ERESIDENCE BEFORE A CITY OR TOWN altimore | 1 | 13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌 | 13e STREET ADDRESS 617 -Glenw | ZIP CODE | 3 | 21212 |
| 0 | 14. FA | THER'S NAME FIRST Lee | MIDDLE | Lamber | t | 15. MOTHER'S MAIDEN NA/ FIRST LOIS | WEDDIE | | Jor | nes |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 | SOCIAL SECUR | RITY NO. | 17 INFORMANT | ADDR | ESS | | |
| | | NO NO OR UNKNOWN] [IF YES, GP | | 06830101 | .5 | Damon Moore | 617 Glenw | ood Ave | 3 | |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one cause per line | | | 0 | | | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | | TE CAUSE (o) | CARDIA | CHE | KEST . | | | indi | Copurate |
| П | | | DUE TO, OR AS | S A PONSTOUE | NCE OF | 0-40 | 1 | | | |
| | | Conditions, if any, which gave rise to immediate | (b) | 11 UESTOS | teta | Breast C | M | | | |
| П | 1 | cause (a), stating the underlying cause last. | DUE TO, OR AS | S A CONSEQUE | NCE OF | | | | | |
| | | | (c) | | | | | | | |
| | NO | Anema. | POC! | KIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | IN AL DISEASE OR CON | IDITION GIVEN | N IN PART 110 | |
| 2 | CATI | 19a DATE OF OPERATION | 96 CONDITIO | N FOR WHICH C | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDIN | |
| 4 | CERTIFICATION | NIA | | NIA | | | YES NO | YES | D'AYSEA | NO [|
| 7 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSSIGNOE. (IF EITHER, NOTIFY MEDICAL EXAMINE | HOUR A.M. | NONTA DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM IB PAR | T I OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21e PLACE OF | NJURY ATTARY OFFICE, FA | RM. ETC) | 211 LOCATION STREET | U/A CITYORTO |)WN | COUNTY | STATE |
| | | 220.1 certify that (I) (this hasp | ital) attended the de | eceased from | 260 | 18 19.85 | | , 19 | 85 | that (I) (we) last |
| В | | sow the deceased alive on above, (1) (we) (did) (did no | t) view the body alte | er death. | 5 , or | nd that in (my) (our) apinion o | death accurred on the d | ate and haur o | and from the | causes stated |
| | | 226. SIGNATURE | Menry | M | 0 | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | | 22c. DATE : | SIGNED |
| | | 224 PHYSICIAN'S NAME TO | Mucha | 1 mi |) | 22e ADDRESS Unio | n Memoria | l Hos | pital | |
| | 23a B | URIAL, CREMATION, REMOVAL | 77h DATE | 23¢ N. | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | 14-5-1 | COUNTY | STATE |
| | | Removal | 7/5/85 | | | | | | Band | مالك |
| | 24. FU | INERAL DIRECTOR | | ADDRESS | | 25a DATI | E REC'D AVALGISTRAR | SEP SHOWING | M'S SIGNATI | URE |
| | | Anatomy Bo | pard | Ва | lto., | Md. JUL' | 7 2 | | | |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 6 | | | | | | STATE OF MAKE | LAND | | | |
|--|----------|---------------|--|--|------------------|---------------------|--------------------|-------------------------------|-----------------|---|
| 21301 | 9 | 1- | FOR STATE REGISTRAR | | DEPARTA | CERTIFICATE OF | | 63 | 1 0 | 3 9 6 |
| WIOO. | | 1000 | And the second s | f TAM MIDDLE | h.1 | | | 20. DATE OF DEATH MO | NTH DAY | YEAR 2b HOUR # |
| 6 mg | 7 | 7" | DE VERNERAL MALE | | Ν. | LAS MOORE | | 7.) | - 35 | 10 HOURE |
| 4 60 | | V | MOCKE) (CON | V. 1 | | | | 1-20 | | DER LYFAR OF UNDER 21 ARS |
| 4 04 | | T. SEX | 11/5 | RACE ON A | - | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YEARS LAST BIRTHDA | MONTHS | |
| A 25 | n | 1 | yac C | CON | 1 | 12 26 | 33 | 0/ | YRS. | |
| 4 25 | 15 | | THPLACE LLLIE DR FOREIGN | b. CITIZEN OF WHAT | COUNTRY? | MARRIED NEVER | MARRIED | 9. BALTIMORE CITY OR C | OUNTY OF D | EATH |
| 1 13 | 1 | _ | laryland | USA | 1 | | DIVORCED | DACYMA | 250 | City, MD |
| 1 21 | 20 | PACL | Y OR TOWN OF DEATH | NAME OF HOSPI (IF NOT IN SUCH FACIL | | G HOME OR OTHER IN | STITUTION | 12a USUAL OCCUPATION | | b. KIND OF BUSINESS OR |
| 0 44 | 20 | 2 | MCTO | WIUES | 177 1 | OF UNE | 10AU) | | | |
| 1 50 | 00 | USUA Ide S | FESTILENCE IF NURSING HOME OR C | | ITY OR TOW | | CITY LIMITS? | 13e STREET ADDRESS / ZI | IP CODE | |
| 4 110 | 10 | 1 | Howar | | lumbia | YES T | NO X | 7507 Oakland | d Mill | Road 21046 |
| 1 12 , | 10/ | M. FA | DHEP'S NAME | NDO# | 1457 | 15. MOTHE | R'S MAIDEN NAM | | | LAST |
| 2 21/ | 20 | 2 | Walter | | olland | Pa | auline | L. | Moo | |
| 1 | A | 160 W | AS DECEASED EVER IN U.S. ARA | | SOCIAL SECU | RITY NO. 17 INFORM | MANT | ADDRESS | | |
| R | 4 | (4 | (AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 2 | 13-30- | 5123 Walte | er Holla | nd 7505 Oakla | and Mil | 1 Road |
| (p 1/2 | 1 | | 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED | y one cause per line fr | or (a), (b), one | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 | J. Sept. | | PART I. DEATH WAS CAUSED IMMEDIATE | | 11 DSIA | SQ DE | EEST | | | |
| 0 - 100 | 4 | | 77117122 | DUE TO, OR AS | A CONSEQUE | NCE OF | | | | |
| Section 1 | 301 | | Conditions, if any, which | (1b) C | 0000 | JAZY 6 | VEREZES | N321A E | 38 | |
| the of | ž I | | gave rise to immediate | DUE TO, OR AS A | A CONSEQUE | NCE OF | | | | TOTAL THE S |
| by by | 0 | | underlying couse last. | (c) | | | | | | |
| a page | 0 | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRI | IBUTING TO E | EATH BUT NOT RELATE | ED TO THE TERM | INAL DISEASE OR CONDIT | ON GIVEN IN | PART No |
| and | 1 | CATION | | | | | | | | |
| prop prop | n | O. P. | 190 DATE OF OPERATION | 196 CONDITION | FOR WHICH | OPERATION WAS PERF | ORMED | | | RE FINDINGS USED CAUSES OF DEATH? |
| 20 20 0 | 1 | CERTIF | 7-22-85 | Corous | ry A | lettery Di | SEASE | YES NO | YES | NO [|
| 2 T T T T T | 0 | 8 | 210. ACCIDENT WAS UNDERLYING | HOUR A.M. | | Y YEAR 21c HOW | INJURY OCCURR | ED (ENTER NATURE OF THEY IN | ITEM 18 PART LO | R PART 2) |
| 00 101 | 17 | CAL | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | | 19 | | | | |
| W W W | 1 | WEDICAL | 21d INJURY OCCURRED | 21e PLACE OF IN | | 21f LOCAT | | CITY OR TOWN | Ç | OUNTY STATE |
| 26 446 | 18.00 | 5 | WHILE NOT WHILE AT WORK | CATTIONE STREET, PAGE | CTORT, OFFICE, F | in, erc) | | | | |
| See A See | 9 | 4 | 220.1 certify that (I) (this hospital | al) ottended the dece | eased from_ | | 19 | , to | . 19 | , that (I) (we) last |
| ## 62 f | 6 | 77 | saw the deceased alive an above, (1) (we) (did) (did no) | view the body after | sleath. | , and that in (m | y) (aur) apinian a | leath accurred an the date | and haur and l | from the causes stated |
| Part of the part o | | | 226. SIGNATURE | . // // | | DEGREE | | | / 2 | 12. DATE SIGNED |
| A H | 1 | | Color U | 1 Arell | reelle | ~/W> | PHYSICIAN | MEDICAL STAFF | 18 | 7.21-0 |
| HOSPIT, med by FUNER, olfs be d | 1 | | 228 PHYSICIAN'S NAME (TYPE OR | PRINT OR | | 22e ADDRI | ESS | -rc.19 C | | |
| D H | 8/ | | 1 OBGUT | MARICE | SAUN | 1 22 | - 56 | 12600 6 | フリ・ | |
| おき エキョ | 8 | | URIAL, CREMATION, REMOVAL | 23b. DATE | | AME OF CEMETERY OF | RCREMATORY | 23d LOCATION | COUN | NEV |
| BP | | BU | řť al | 7/27/85 | As | oury United | Meth.Cl | Jessup, | COUN | Md. STATE |
| DHMH - 16 60M | 7/B4 | | NERAL DIRECTOR | | | | | REC'D. BY REGISTRARI256. | 2.00 | 0.0 |
| (VRA 15, 4) | | Wi | lliam C. March | F/H 1101 | E. No | rth Ave. | · IIII | 26 1005 | a Davidson | n-Mandelle |

ME LOW MALE HOUSE The state of the s 213097

| STATE | OF | MARYLAND | |
|-------|----|----------|--|
|-------|----|----------|--|

| 1 | FOR STATE REGISTRAR | DEPARTA | | EALTH AND MENTAL HYG | 29 | 1 | 0 = | 9 7 |
|---------------|--|--|------------|--------------------------|--|---------------|---|-------------------|
| I. DE | ECEASED NAME FIRST | MIDDIE | 1 | AST . | 20 DATE OF DEATH | D. MONTH | DAY YEAR | 26 HOUR |
| ITYP | GILBERT | F. | MORGA | AN | | 7 26 | 85 | 3:25 A |
| 3. SE | X | 4. RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | HDAY} | IF UNDER 1 YEAR | |
| 1 | Male | White | June | | 49 | YRS. | MONTHS DATS | HOURS MIN. |
| | IRTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | D NEVER MARRIED XX | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| | Maryland | USA | WIDOWE | | BALTIMORE. | CIT | Y | JM. |
| 0 | Baltimore | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VAMC, BALTIMORE | ADDRESS) | LAND 21218 | 12a. USUAL OCCUPATION OF WORK FOR MOST O Carpent | F WORKING L | | OF BUSINESS OR |
| 13a | STATE 136 COUNTY | other institution, give residence before ITY 130 CITY OR TOW Baltimo | N | 13d. INSIDE CITY LIMITS? | 838 Washi | | | .21230 d.Balto |
| 14 F | Robert | Morgan | | 15 MOTHER'S MAIDEN NA | Unknown | | IA | |
| | WAS DECEASED EVER IN U.S. AR/ | | | Alfred Mon | rgan, 3546 | | .St.Ba | 21225 alto.Md |
| | PART I. DEATH WAS CAUSED | E CAUSE (o) Cardio | Pule | nonary Fair | lero | | | OM A |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | | | | | | |
| NOI | PART 2 OTHER SIGNIFICANT C | onditions contributing to | Live . | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GI | VEN IN PART I | 0 |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES X NO | IN CERT | S, WERE FINDI IFYING CAUSES ES [] | |
| EDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 | PART I OR PART 2) | |
| = | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F | 1011 575) | 21f LOCATION | CITY OR TO | wN | COUNTY | STATE |

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

220 DATE SIGNED

22e ADDRESS

3900 LOCH RAVEN BLVD, BALTIMORE MD.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY 236. DATE July 29,1985 Md. Vet. Cemetery 23d LOCATION
CITY OR TOWN
Crownsville,

24 FUNERAL DIRECTOR

21230 ² Ave.Balto Funeral Home, 130 EFort

DHMH - 16 60M 7/B4 (VRA 15, 4)

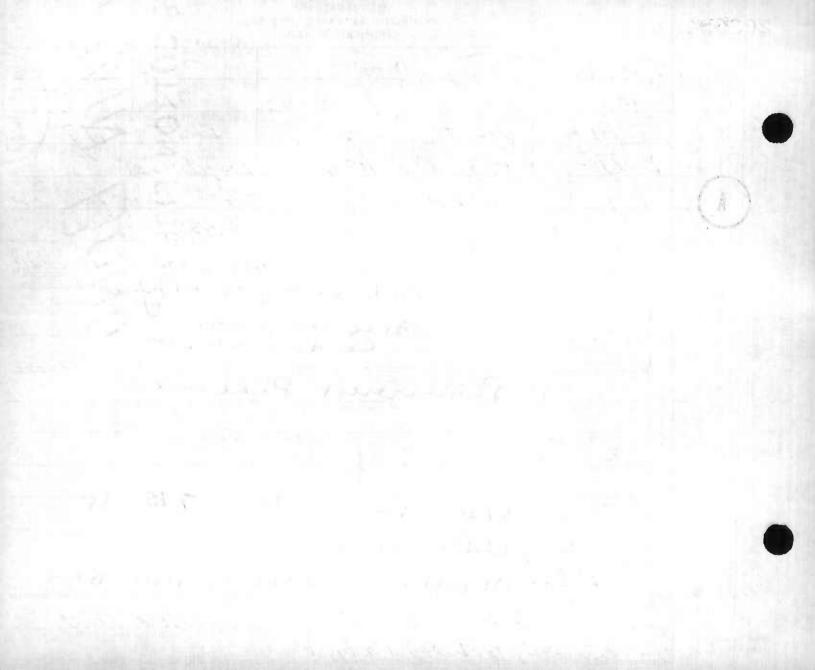
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IMPORTANT.

The Control of the Co Programme and the common transfer of the comm and the same of the second of

Application of the contract of the state of Model mineral Property Transfer 220 N 12 Tandrell ST DESCRIPTION PROPERTY E HAVEOU

the processor plants and a contract to the contract of the con in college of the same



| 220073 | 1 - | FOR STATE REGISTRAR | | | DEPA | RTMENT OF | TE OF MAR HEALTH AN IFICATE O | D MENTAL HYG | 63 . | ŽEG. NO. | 1 | 7 6 | 0 | |
|--|---------------|---|-------------|--------------------|---|-----------------|-------------------------------------|---------------------|------------------------|----------------|-----------------|-------------|-------------|--------------------|
| m.e | | OR BOOK 11 | FIRST | | IDDLE | | LAST | | 20. DATE OF D | EATH M | ONTH DAY | YEAR | 2b HC | DUR |
| rector, page 3 ors ofter death | | | llen | | larie | | noyla | n | | | 130 | 185 | 1:5 | 12 PM |
| of the b | 3. SE. | X | 4. | RACE | | MOI | OF BIRTH | YEAR | 6 AGE (IN YEAR | IS LAST BIRTHE | DAY! IF | UNDER I YE. | | DER 24 HRS |
| The state of | | F | | w | | - | 16 | 101 | | 83 | YRS | | | |
| unerol dir | | RTHPLACE (STATE OR FOR COUNTRY) Maryland | | U.S.A | | WIDO | VED 🗌 | R MARRIED 🔀 | | TIMO | eg cit | | | MD. |
| (1) | | BALTIM OF DEATH | | A | OSPITAL, NUI FACILITY, GIVEST RCY | | | NSTITUTION | 12a USUAL OC | OR MOST OF V | | INDUSTR | | NESS OR Hero |
| y fill of the shoot of the shoo | lila : | 10 | b COUNTA | | 130 CITY OR I | | 13d INSID | NO 🗌 | | | ZIP CODE | | cy Ho | |
| and 22 | | THER'S NAME Patric | | | LAST | | | Mary V. | | | | | LAST | |
| Poges medical | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO | | D FORCES? | 220 | | | MANT Paula Ma | arie, R | S.M. | | St. | Paul | St. |
| physicion propers. emoval. | | 18 CAUSE OF DEATH PART I. DEATH WAS | CAUSED | BY: | CARD II | | REST | | | | | APPR | en onset at | TERVAL ND DEATH |
| nding carbo carbo | | | | | AS A CONSE | QUENCE OF | | REZEL | Luca" | . 34 | | | - / | |
| otte ottoun froun | 140 | Conditions, if ony, v | | (b) | Seps | 15 | | | | | | - | | |
| d by the | | couse (a), stating underlying couse | | | AS A CONSE | | mall k | and C | resecte | d) | | | | |
| n signer Then pl r to burn injury. | NO | PART 2 OTHER SIGNIF | CANT CO | nditions <u>co</u> | NTRIBUTING | TO DEATH B | JT NOT RELA | TED TO THE TERM | INAL DISEASE C | OR CONDI | TION GIVEN | IN PART | 110 | |
| s bee | CERTIFICATION | 190 DATE OF OPERATIO | N | 196 CONDIT | ION FOR WH | ICH OPERAT | ON WAS PER | REFORMED | 200 AUTOPS | 2A5 | 206. IF YES, V | VERE FIN | DINGS US | SED ATH? |
| cion. | RTIF | 7129185 | | | grena | us Sy | nall B | ovel | | 10 X | YES (| | NO | |
| physical trifficot all Hymn al | | 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL | SE OF DEATH | HOUR A.M | MONTH | | R | INJURY OCCURR | ED (ENTER NATUR | RE OF INJURY | IN ITEM 18 PART | I OR PART | 2) | |
| ding ding burio Ment | MEDICAL | (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED | | P.N 21e PLACE O | | 19 | 21f. LOCA | | | | | | | |
| other ter th s the h and rked | WE | WHILE NOT WHILE | | (AT HOME STRE | ET FACTORY, OFF | ICE, FARM ETC) | 571 | REET | | TITY OR TOWN | | COUNTY | | STATE |
| pitol or TOR: Af for use of of Healti | | 220 I certify that (1) (the saw the deceased above, (1) (we) (did | olive on | 7/30 | 1 | 60 | 20 and that in (r | ny) (our) opinion d | , to1 leath occurred o | 7 30 | ond hour o | | the couses | . , |
| DIRECTOR POST Ched | | 22b. SIGNATURE | | | | MIN. | DEGREE | ATTENDANO | MEDICAL | CTAFF | | 22c DA | TE SIGNE | D |
| RAL I | | ma | k | mal | nde | 0 1 | 1D | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF | NX | 171 | 30 8 | 35 |
| etoined by | M | 22d. PHYSICIAN'S NAM | | | | | 22e ADDI | | | | | | | |
| should with 1 | 22- 4 | HARK BURIAL, CREMATION, RE | | BRIDE 236 DATE | | 22. NIA44E G | | RCY HOS | 23d LOCATI | - 140 | | | | |
| BP | 230 6 | SPECIFY) BuriAL | MOVAL | Aug. 3 | | | odlawn | K CREMATORY | Woodla | TOWN | | OUNTY | Co | STATE |
| HMH - 16 60M 7/84 | | INERAL DIRECTOR | | | - | | York R | 250. DATE | REC'D. BY REC | | | | | Md. |
| (VRA 15, 4) | Mi | tchell-Wied | efeld | Home, | Inc. B | alto., | Md.21 | 212 A | UG 6 | 1000 | galiar | Barida | on-Ran | ndelle |

DHMH - 16 60M 7/84 (VRA 15, 4)

all the state of the state of the same

| 8112 | , | FOR STATE | | DEPARTM | | E OF MARYLAND FEALTH AND MENTAL HYG | SIENE | | | |
|--|---------------|--|---|--|----------------|---|---------------------------------|-------------|--------------------|-------------------------------------|
| \$ 7°3 . | Ė | REGISTRAR BEATRI | CE A. MU | | | ICATE OF DEATH | 8 5 REG. N | 0. | 9 5 | 0 2 |
| m.e | | CEASED NAME FIRST | | WIOOFE | | LAST | 20. DATE OF DEATH | MONTH I | DAY YEAR | 2b. HOUR |
| 900 | | BEATN! | CE | Α. | M | URPHY | | y 13, | 1985 | TGPM |
| 201 | 3 SEX | | 4 RACE | | MONTE | OF BIRTH | 6 AGE IN YEARS LAST BIR | THDAY) | IF UNDER LYEAR | IF UNDER 24 HRS |
| 0 | | Female | Whit | te | Jul | y 19, 1922 | 62 | YRS | DATS | HOURS MIN. |
| 12 A / | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN O | F WHAT COUNTRY? | 8 AAADDIE | D NEVER MARRIED | 9. BALTIMORE CITY C | R COUNTY | OF DEATH | |
| 1027 | | New York | U.S. | .A. | WIDOWE | | Baltimore | City | | MD. |
| 137 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF | | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | 12b. KIND C | OF BUSINESS OR |
| 16/ | | Baltimore | St. A | Agnes Hosp: | ital | | Claims Exa | miner | New Yo | rk State |
| 3/20/ | USUA 13a S | L RESIDENCE HIF NURSING HO | ME OR OTHER INSTITUTIO | N GIVE RESIDENCE BEFORE | AOMISSION) | 1134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| 100 | | 1.4 | ward | Columbia | | YES NO X | 10799 Hick | orv R | idge Pl | . 21044 |
| 130 | | THER'S NAME | | | | 15 MOTHER'S MAIDEN NA | ME | | -0 | |
|) X | | James | A. | Murphy | | Margare | | | McĜ | uire |
| and a | | /AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE NO | S. ARMED FORCES? S. GIVE WAR OR DATES) | 080-16-4 | | Mrs. Margar | et A. Kahn | | Glouces Dia, Mo | ter Road |
| signed by the attending physics her please remove cortanged to burial, cremotion, or empositivity, or other froumatic event highly, or other froumatic event highly, or other froumatic event highly, or other froumatic event highly are pleased. | NO | Conditions, if any, which gove rise to immedian cause (a), stating th underlying cause last | DIATE CAUSE (o) DUE TO. b e e B DUE TO. c c c c c c c c c c c c c c c c c c c | OR AS A CONSEQUEING RADIATION | NCE OF MET. | PULMONARY | o ZIVER + | BONS 1\$ | | IMATE INTERVAL ONSET AND DEATH |
| ene prior ows ony ir | CERTIFICATION | 190 DATE OF OPERATION | 19b CON | DITION FOR WHICH (| OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | , WERE FINDI | |
| tental Hygi | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFEITHER NOTIFY MEDICAL EXAM | OF DEATH HOUR | OF INJURY A.M. MONTH DA P.M. | Y YEAR | 21c HOW INJURY OCCUR | | | | |
| th and N | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | E OF INJURY STREET, FACTORY OFFICE FA | RM ETC } | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| of Heal | | 22a.1 certify that (1) (this because alive above, (1) (we) (did) (did) | e an | 19 | . at | nd that in (my) (our) apınıan (| death accurred an the de | | | that (I) (we) last couses stoted |
| UNERAL DIRE | | 226 PHYSICIAN'S NAME (| l Pel | gar | / | DEGREE ATTENDING PHYSICIAN [220 ADDRESS | MEDICAL STAI DIRECTOR PHYSIC | | 22c, DATE | SIGNED 14/20 |
| A Poult | | Michael E. | reigan | W. D. | | St. Agnes | Hospital, | Baltin | more, M | id. |

DHMH - 16 50M 1/B1 (VRA 15, 4)

23b DATE

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Westview Crematory

23d LOCATION
CITY OR TOWN
Catonsville

COUNTY Md.

7/17/85 Cremation ²⁴ FUNERAL DIRECTOR Lerov^{ME}M. & Russell C. Witzke Funeral Homes P. 5555 Twin Knolls Road, Columbia, Md. 21045

| 4 | | FOR | DEPAI | STATE OF PEMENT OF HEAL | TH AND MENTAL HYG | IENE | | |
|--|-----------------------|--|--|--|---|--|--|--|
| - | 1 - | STATE REGISTRAR | 721 KI | | TE OF DEATH | 8 REGING | . 1 9 | 60 |
| 1 | | EASED NAME FIRST | MIDDLE | LAST | | | MONTH DAY YE | AR 25 HOUR |
| . L | / | Emma | | Murph | ıv | July 2 | 8. 1985 | |
| 0 |). SEX | | 4. RACE | 5. DATE OF BI | RTH | 6. AGE IN YEARS LAST BIRT | HDAY] IF UNDER T | |
| u | | Female | Black | 10 | 2 26 | 58 | YRS. | DAYS HOURS MI |
| | a. BIF | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? I. | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF DEAT | тн |
| 47 | _ | ountry) Borgia | U.S.A. | WIDOWED | | BALTIMOR | F CTTV | |
| | | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OR O | | 12a USUAL OCCUPATE | ON 12b. KI | ND OF BUSINESS |
| 50 | 1 | BALTIMORE | 2023 Sincla | | 2 | (TYPE OF WORK FOR MOST OF | FWORKING LIFE] INDUS | SIRY . |
| | USUA | L RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION, GIVE RESIDENCE BEI | ORE ADMISSION) | | | | |
| 24 | 13a. S | Maryland 13b. COU | NTY 13c. CITY OR TO Baltir | | INSIDE CITY LIMITS? | 13e STREET ADDRESS / | | 0101 |
| | | THER'S NAME | IDGI CII | | MOTHER'S MAIDEN NA | 2023 Sin | CIAIL La | ne 21/1 |
| 3 | | FIRST | MIDDLE LAST | | FIRST | WIDDLE | - 3 | LAST |
| 00 | 16- \A | David (AS DECEASED EVER IN U.S. A | Jones RMED FORCES? 166 SOCIAL SE | | Dollie | ADDRE | <u> </u> | wson |
| 5-4 | { Y | ES NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES) | | | | | |
| 1 | 1 | No L | 1259-28 | 3-1722 I | Patricia F | Frown 7105 | <u> McClain</u> | Road PROXIMATE INTERVAL WEEN ONSET AND DEA |
| | | | TE CAUSE (0) | Junes of | - | | | 2.0.1 |
| | | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUT | DUENCE OF | mill | Elias | 2 | 3 years |
| | IFICATION | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSE | DUENCE OF | | 20a AUTOPSY? | 206. IF YES, WERE F | INDINGS USED USES OF DEATH? |
| 7 | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION OF THE CO | O DEATH BUT NO | | 20a AUTOPSY? | 20h. IF YES, WERE F IN CERTIFYING CA YES [] | INDINGS USED USES OF DEATH? NO |
| 20 | AL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION OF THE CO | O DEATH BUT NO CH OPERATION W | AS PERFORMED | 20a AUTOPSY? | 20h. IF YES, WERE F IN CERTIFYING CA YES [] | INDINGS USED USES OF DEATH? NO |
| 29 | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSECTION OF TO, OR AS A CO | DUENCE OF O DEATH BUT NO CH OPERATION W DAY YEAR 19 211 | AS PERFORMED CHOW INJURY OCCURI | 200 AUTOPSY? YES NOTER NATURE OF INJURE | 20% IF YES, WERE F IN CERTIFYING CA YES | INDINGS USED USES OF DEATH? NO |
| 29 | MEDICAL CERTIFICATION | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION FOR | DUENCE OF O DEATH BUT NO CH OPERATION W DAY YEAR 19 211 | AS PERFORMED | 20a AUTOPSY? | 20% IF YES, WERE F IN CERTIFYING CA YES | INDINGS USED USES OF DEATH? NO [] |
| 29 | | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE CONTRIBUTION OF COURRED OF CONTRIBUTION OF COURRED OF COURSE OF COURS | DUE TO, OR AS A CONSECTION OF TO, OR AS A CO | DUENCE OF O DEATH BUT NO CH OPERATION W DAY YEAR 19 211 211 211 | AS PERFORMED C. HOW INJURY OCCUR! I. LOCATION STREET 7. 19 hat in (my) (our) opinion. REE ATTENDING | 200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TO | 20b. IF YES, WERE FIN CERTIFYING CA YES YES YES YES YES YES YES YES | INDINGS USED USES OF DEATH? NO Rt ?) FY STATE |
| 2 Paragraphic Para | WEDICAL WEDICAL | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WOR | DUE TO, OR AS A CONSECTION OF PRINCE OF PRINCE OF INJURY 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE) Ditol) oftended the deceased from the polymer of the polymer | DUENCE OF O DEATH BUT NO CH OPERATION W DAY YEAR 19 211 211 211 221 221 221 | AS PERFORMED C. HOW INJURY OCCURI I. LOCATION STREET T. Z. 19 Not in (my) (our) opinion REE ATTENDING PHYSICIAN PHYSICIAN ADDRESS | 200 AUTOPSY? YES NOTER NATURE OF INJURE CITY OR TO: , TO | 20b. IF YES, WERE FIN CERTIFYING CA YES YES TO THE TRANSPORT TO REPART TO THE TRANSPORT TO | INDINGS USED USES OF DEATH? NO TY STATE , that (I) (we) I in the couses stated |
| 2 Paragraphic Para | WEDICAL WEDICAL | Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OBOVE, (I) (we) (did did not 22) STGNATURE 22a. PHYSICIAN IN NAME (1775) | DUE TO, OR AS A CONSECTION OF THE PRESENT OF PRESENT OF THE PRESEN | DUENCE OF O DEATH BUT NO CH OPERATION W DAY YEAR 19 211 211 211 221 221 221 | AS PERFORMED C. HOW INJURY OCCURI I. LOCATION STREET T. 19 Not in (my) (our) opinion PHYSICIAN PHYSICIAN CADDRESS TERY OR CREMATORY | 200 AUTOPSY? YES NOTER NATURE OF INJUR CITY OR TO: death occurred on the do | 20b. IF YES, WERE FIN CERTIFYING CA YES YES TO THE TRANSPORT TO REPART TO THE TRANSPORT TO | INDINGS USED USES OF DEATH? NO TY STATE , that (I) (we) land the courses stated |

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 203285 REGISTRAR 20. DATE OF DEATH 26. HOUR I. DECEASED NAME LITYPE OR PRINTS GARNETT IF UNDER LYEAR IF UNDER 24 HRS A. AGE LIN YEARS LAST BIRTHDAY YEAR TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH 7a BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED | WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH Grinder Armco Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY 136. CITY OR TOWN Balto .Md .21230 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME URNER URPHY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) . W APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on ______
above, (I) (we) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN should be di with the Sta 224 PHYSIC MAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Buria] Balto Beste . ml - 2123 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNA DHMH - 16 50M 4/B3 McCVilly Funeral Home, 130 E, Fort Ave. (VRA 15, 4)

. III. Marah 100 mm Control of the part of the control o Designation. ----

| STATE OF MAKILAND | |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CEDTIFICATE OF DEATH | 1 |

| 3 5 REG. NO. | 19 | 6 | 0 | 5 |
|-----------------|----------|------|----|------|
| ATE OF DEATH MC | ONTH DAY | YEAR | 2b | HOUR |

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 5 REG. NO | | 9 0 | 0 3 |
|----|---------------|--|---|--------------------------|--|----------------|---|---|-----------------|--------------------------------------|-------------------------------------|
| | | EASED NAME | FIRST | | WIDDIE | L | AST | 20 DATE OF DEATH | | DAY YEAR | 2b HOUR |
| | TITTE | JR PRINT) | WILLIA | M | Α. | MURI | PHY | JULS | 29, | 1985 | 11:00a M |
| | 3 SEX | | 4 | RACE | | 5. DATE C | | & AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| H | 1831 | MALE | | WHIT | ?E | 1- | 11- 1916 | 69 | YRS | MONTHS | HOURS MIN. |
| И | | THPLACE (STATE | OR FOREIGN 7 | CITIZENOF | WHAT COUNTRY? | B. MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
| 1 | - (| D.C. | | USA | | WIDOWE | | BALTIMORE | CITY | | MD. |
| 1 | | Y OR TOWN OF E | DEATH 1 | I VAT ME | HOSPITAL, NURSIN PICAL GIVCENT | G HOME C | ALTIMORE MD | 120 USUAL OCCUPATI ITYPE OF WORK FOR MOST O LABOR | | EI INDUSTRY | OF BUSINESS OR |
| 7 | 13a ST | ID | URSING HOME OR O 13h COUNT CARR | Y | GIVE RESIDENCE BEFORE 13c CITY OR TOWN WESTMIN | N | 13d. INSIDE CITY LIMITS? YES X NO | 36 STREET ADDRESS A | ZIP CODE | 1 / 1 | 157 |
| 21 | A FAT | THER'S NAME | M | IDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDLE | | £A. | .ST |
| | _ | JOHN | | | MURPHY | 50-0 | NORA | Sant Comment | | GHT | |
| 7 | | AS DECEASED EV | | ED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | 4903 📆 | ÉBEC | ST. | |
| - | Y | ES | WW: | II | 577 09 7 | 140 | KATHLEEN ST | ALLARD C | OLLEG | | |
| | | 18 CAUSE OF DE PART I. DEATH | ATH (Enter only I WAS CAUSED IMMEDIATE | BY | CARDIOVA: | SCULA | - PAILURE | | | BETWEEN | KIMATE INTERVAL ONSET AND DEATH |
| | | Canditians, if a gave rise ta i | | DUE TO, O | RAS A CONSEQUE | SHOC NCE OF | K | | | 31 | 2VAZ |
| | | underlying cas | iting the use last | (c) | CRANULOC | YTO PE | | | | | WEK |
| | NOI | PART 2 OTHER SI | | | CANCER (| | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART 1 | a |
| 1 | CERTIFICATION | 90. DATE OF OPER | RATION | | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FINDS YING CAUSES S [] | |
| - | | 210. ACCIDENT WAS I | CAUSE OF DEATH | , | DE INJURY M. MONTH DA M. | Y YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 P | ART I OR PART 2} | |
| | MEDICAL | WHILE NOT AT WORK | WHILE WORK | 218 PLACE (AT HOME ST | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC) | 21f LOCATION STREET | CITY OR TO | wn O | COUNTY | STATE |
| | | 220. certify that saw the dece abave, X/we | (X (this haspital ased alive on (did) (AAX) | 7 0 0 | A deceased from _ | July 85 | 10 , 19 85 and that in (my) (aur) apinian c | , taJWCY_2 death accurred an the do | ite and hau | r and from the | that (II (we) last causes stated |
| | | 226. SIGNATURE | 4 | Obey | MA | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI DIRECTOR PHYSIC | | 22c. DATE | SIGNED |
| | | 22d. PHYSICIAN'S | | | EMD | | 3900 Loch R | aven Blvd. | Balto | Md 212 | 218 |
| | 23a BU | IRIAL, CREMATIO PEGB ^{Y)} UR IA I | N, REMOVAL | 236 DATE 8-1- | Carlotte March | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN BRENTWO | OD F | R.GEO | . MD. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

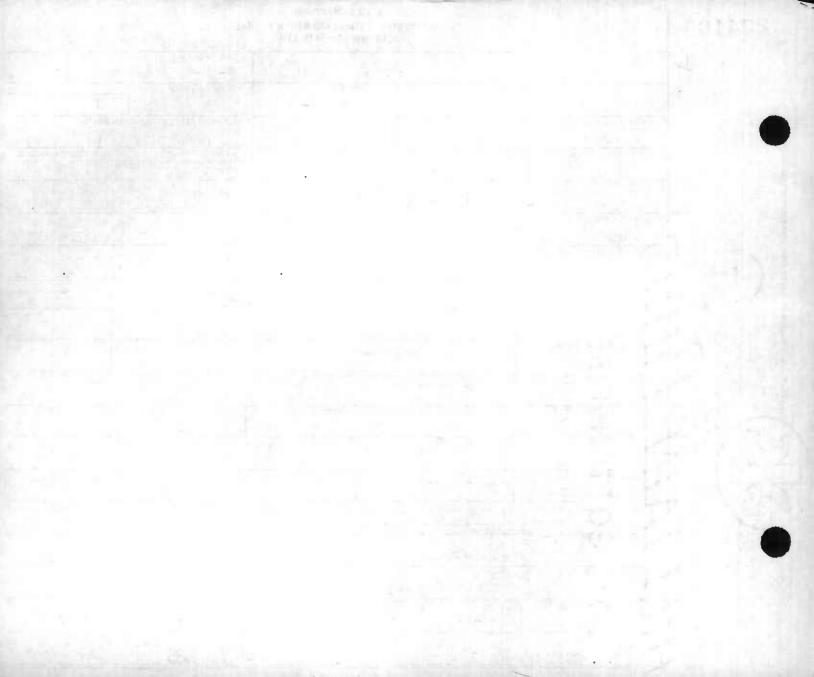
TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR FUNERAL HOME WESTMINSTER MD

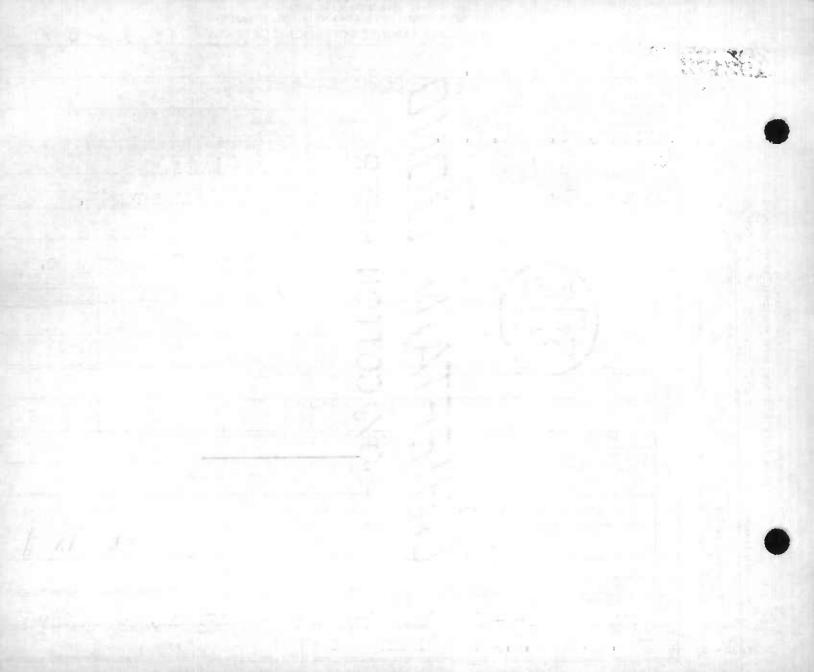
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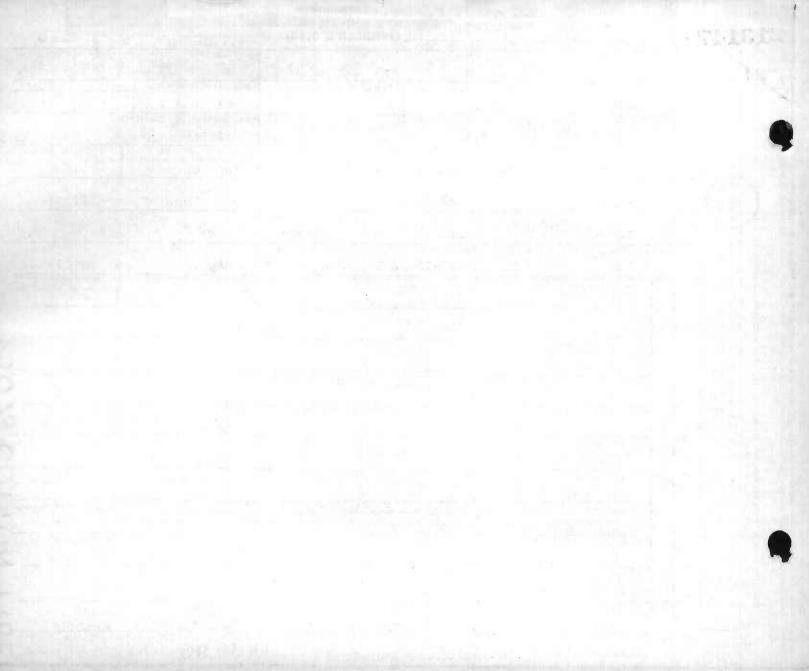
| 224103 | 1 - | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HY | GIENE S REG. NO. | 96 |) 6 |
|---|---------------|---|------------------------|---|------------------|---------------------------|---|---------------------------|------------------------------------|
| tor, page 3 offer death | 1. DE | CEASED NAME FIRST CLARA | | WIOOFE | MURRA | AST Y | 7-30-85 | TH DAY YEAR | 2b. HOUR |
| pog r de | 3. SE | | 4 RACE | | 5 DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) |) IF UNDER I YEAR | IF UNDER 24 HRS |
| ge 4 r | | FEMALE | BLACI | < | MONTH 9 | - 28 - 14 | 70 | MONTHS DAYS | HOURS MIN |
| erol dir | C | RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND | 76. CITIZEN OF | WHAT COUNTRY | MARRIE WIDOWE | D NEVER MARRIED | | DUNTY OF DEATH | MO |
| s ofter de by the fur hiled within | | ITY OR TOWN OF DEATH | HE NOT IN SU | CH FACILITY, GIVE STREE | NG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | 126 KIND (| OF BUSINESS OR |
| hours J in by be tilt | USU. | BALTIMORE AL RESIDENCE (IF NURSING HOME STATE 136 CC | E OR OTHER INSTITUTION | ATHEDRAL I, GIVE RESIDENCE BEFO 113c. CITY OR TON | RE ADMISSION | T APT. 10J | HOUSEWIFE 136 STREET ADDRESS | 7 | 1201 |
| Erlands | М | ARYLAND | - | BALTIMO | | YES NO | 1027 CATHEDR | AL STREET | APT. 1 |
| mplettill omd 2. | 14. FA | THER'S NAME FIRST VANCE | WIDDFE | MURRA | Υ | 15 MOTHER'S MAIDEN N | AME | MAT ² | THEWS |
| 1 10 | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDRESS | | |
| a di lip | | (IF TES, | GIVE WAR OR DATES) | Direct. | 187.1 | GLORIA M. W | HITE 1102 BR | ADDISH AVI | |
| at, th | 100 | 18 CAUSE OF DEATH (Enter | only one couse per | line for (a), (b), a | nd ici | | 2 | APPROX BETWEEN | XIMATE INTERVAL ONSET AND DEATH |
| ever a | | | IATE CAUSE (a) | Car | rore | quentary | core | | |
| endis cort n, or motic | The | | DUE TO, O | R AS A CONSEQU | 11 | | | | |
| e der move notio | 3 | Conditions, if ony, which gave rise to immediate | (b) | w | y Tun | n in | | | |
| by the | 1 | cause 10), stating the underlying cause last. | DUE TO, O | R AS A CONSEQU | IENCE OF | | | | |
| uires the | z | PART 2 OTHER SIGNIFICAN | T CONDITIONS CO | ~ / 10 | do | NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | ON GIVEN IN PART 1 | 101 |
| require the sorte | TIO | IN- DATE OF OPERATION | UBC AT | W fa | | JA Pulu NWAS PERFORMED | 1 | . IF YES, WERE FINDI | 100 |
| The low action. | CERTIFICATION | 190 DATE OF OPERATION | 198 COND | ITION FOR WHICH | CPERATIO | N WAS PERFORMED | | CERTIFYING CAUSES | S OF DEATH? |
| hysici icote i i icote i i i icote i i i i i i i i i i i i i i i i i i i | | 21a. ACCIDENT WAS UNDERLYING | 1 | OF INJURY M. MONTH (| AV YFAR | 21c. HOW INJURY OCCU | IRRED (ENTER NATURE OF INJURY IN I | TEM 18, PART 1 OR PART 2) | |
| PHYSICIAN: ending phys this certifico ie buriol-tro id Mentol Hy d or Item 18 | CAL | OR CONTRIBUTING CAUSE OF | DEATH | м. | 19 | C | | | |
| this this add | MEDICAL | 21d. INJURY OCCURRED | | OF INJURY REET, FACTORY, OFFICE, | FARM, ETC.] | .21f. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| or offer the e os the offth and marked | | AT WORK — AT WORK | | | | | 7/2 | 0 | |
| END of or | M | 220.1 certify that (1) (this ho sow the deceased align | | e deceased from. | A 4 | une 19 gr | n death occurred on the date o | 1903 | thot() (we) lost |
| ATT ospit ed fo ot. of im 2] | | obove (N) (we) (did) (fid | | | , 01 | DEGREE | n death occurred on the date o | nd hour and from the | couses stated |
| TAL OR y the h RAL DIR detoche tote Dep | | M. SIGNATURE, & | Jun | an | 764 | | MEDICAL STAFF DIRECTOR PHYSICIAN | 8/5 | 185 |
| FUNE uld be the S | | 22d. PHYSICIAN'S NAME (TYP | magazitie / | una | n) | 220 ADDRESS | of my 1to | South | |
| O e o o d w w | 23a E | SURIAL, CREMATION, REMOV | AL 23b. DATE | 23с. | | EMETERY OR CREMATORY | CITY OR TOWN | COBNTY | STATE |
| BP | | REMOVAL | 8-7- | 85 | | | long V SLA | | YORK |
| AH - 16 50M 1/76 | 24 FU | JNERAL DIRECTOR | | ADDRESS | | | ATE REC'D. BY REGISTRAR 256, F | D | North . |
| (VR A 15 (4)) | | E.L. PHILL | IPS 1721 | NORTH M | ONROE | ST. | AUG 7 1985 | The Davidson | -Mandalla |



| | | 5 | FOR | c&21a 8/1 | ./85 F#6 | | STA | | ARYLAND | | GIENE | | | | | |
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| | | | STATE REGISTRAR | | - 1 | MEDICA | LEXAMI | NER'S C | ERTIFIC | ATE OF | DEATH | RE | d NO. 9 | 6 0 | 1 | |
| 2 | 03295 | | CEASED NAME E OR PRINT) | FIRST | | WIDDLE | | | LAST | | 0 | TE KNOW | . 00 | H DAY | | 2b. HOUR |
| . B. | | 3 SEX | | Kennet 4. RACE | th 15. date of bi | PTH PTH | A AGE (IN: | YEARS IF UN | luse | F UNDER 24 | | ATE MATE | D L 7 | / 4/ 19 | | A HOLE |
| | S NECESSARY, PLE FUNERAL DIRECT. E. S FOR YOUR FILE D. WITHIN 72 HOU W PRESTON STRE | | LE | NEGRO | JAN O | 2 196 | P LAST BIRTH | YRS. | | | MIN PRON | OUNCED | 7 | / 4/ 10 | 85 | 74 H914 |
| | NECESSARY UNERAL DIR 5 FOR YOU WITHIN 72 | 7a. BI | RTHPLACE (ST | | 76. CITIZEN O | | | Tr. | ED NEVE | ER MARRIED | 9 BAL | TIMORE C | ITY OR COU | | | 21 // |
| | S NECESSARY, PI FUNERAL DIREC E S FOR YOUR P D. WITHIN 72 HC W PRESTON ST | BAL | TIMOR | E MDb. | U. | S. A. | | WIDOW | ED 🗆 | DIVORCED | Ba: | | re City | | | MD |
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| MD. | | 14 FA | THER'S NAME | | WIDDLE | a buta | LAST | | 15. MOTHER' | | NAME | MIDDLE | | LAS | ī | |
| ORE | ASS. SOC. | Щс | WARD | DEVER IN U.S. ARA | MED EODCES? | Mus | CIAL SECUR | DV VII | SHEL | BY | | ADI | MUSE | | | |
| MITIM | JRS AFTER B. GIVE P.W. WITH FOI T. PAGES DIVISION | Nc | ES, NO, OR UNKNO | WN) (IF YES, GIVE | WAR OR DATES) | 100 3 | OCIAL SECON | | SHEL | BY M | JUSE 4 | | | | RD. | |
| ST. | | | 18 CAUSE OF PART I DE | F DEATH (Enter onl ATH WAS CAUSED | ly one cause pe DBY: | r line far (a), | | | | | 1-1-5 | | | APPRO BETWEE | OXIMATE IN NONSET A | NTERVAL AND DE ATH |
| PRESTON ST | | | | IMMEDIAT | E CAUSE (a)_ DUE TO | , OR AS A C | SNOT ONSEQUENCE | _ | cund Al | locome: | n | | 125 | | 1 | |
| PRES | CIL IN VER A ANSI REMA | | | is, if any, which | (b)_ | | | | | | | | | | | |
| 201 W. | ECUTED WITHIN 24 HOS SY IN PENCIL IN ITEM 1 IL EXAMINER ALONG URIAL - TRANSIT PERMI ND MENTAL HYGIENE, TION, OR REMOVAL | | | stating the under- | < ' '- | O, OR AS A C | ONSEQUENCE | OF | | | | | | | | |
| DIVISION OF VITAL RECORDS, | HAB BOOK | NO | PART 2 DIHER SIG | GNIFICANT CONDITIONS | CONTRIBUTING TO D | DEATH BUT NOT R | ELATED TO THE TE | RMINAL DISEASE | OR CONDITION G | GIVEN IN PART | 1 (a) | | | | | |
| AL REC | HOULD BE RD "PENE HIEF MEE USED AS OF HEALI RIAL, CRE | CERTIFICATION | 19a. DATE OF | OPERATION | 19ь. СО | NDITION FO | OR WHICH OPE | RATION W | AS PERFORM | NED? | | | | | TOPSY? | |
| VIT. | \$ 0 8 5 B | RTIF | 21a EXTERNA | L CAUSE WAS | 21h TIM | E OF INJURY | / | 121c HC | OW IN HIPY O | CCHOPED | (ENTER NATURE (| DE INTRIBUTION IN I | TE M 10 BART I OB | | XX | NO [] |
| ON | THIS CERTIFICATE SHOUL WRITING THE WORD "F WARDED TO THE CHIEF PAGE 33 SHOULD BE USED STATE DEPARTMENT OF HI 21201 PRIOR TO BURIAL, | | | OR NG CAUSE OF D | | A.M. MON | TH DAY YE | AR | Subjec | | | 3 | ILM TO PART I ON | PART 2) | | |
| VISIO | EERTIING EED TO 3 SHA DEPA PRIC | MEDICAL | 21d INJURY C | CCURRED | 21e PLA | ACE OF INJU | RY (AT HOME, | 21f. LO | CATION | 11000 | CITY | R TOWN | | COUNTY | | STATE |
| ā | WRI WARI VARI IATE | ~ | AT WORK | NOT WHILE X | | house | e | 45 | 33 Pim | lico | | alto. | City, | | Mo | |
| | PORV PORV ND, R | -8 | 22a. 1 certif | y that I took charg | e of the remain | s described o | bave, held an | Autop | | Inspection | , Inqu | piry . | and in my | apınıan | | |
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| | AL DIR HE CER HOULD AL DIR E, MAR | | ACTUAL SIGNATURE_ | V | 111 | V | | м | , | | MEDICAL E | XAMINER | DAT SIGI | | /4/8 | 35 |
| | LA SHA | | EXAMINER'S | NAME _ | 00 | 12.05 | | | | | | | | | | |
| | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUREAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND, | 23n R | (TYPE OR PRIN | ION, REMOVAL 2 | gory R. | | fman, M | | ADDRESS | | 11 Peni | | | | | |
| 07/B4 | ВР | В | URIAL | IO. I, REMOTAL I | 7-8-81 | 5 " | CEDAR | HTIL | CEMT | | 23d LOCATIO | MORE | | OUNTY MANGE | YI AN | |
| 25M | DHMH - 17 | 24. F | UNERAL DIREC | DYETT F | LI AD | 4600 | LIBER | TV Ur | I GHT | O DATE RE | J. A. 190 | 25b. | REGISTRAR'S | | F-M | NU |
| | (VR A15 ME (5)) | LK | 01 01 | DICIII | 11117 | UUU | LIDEK | 11 110 | וחטו | | | | | CASO | | |



| | | 1 | | | | | | | | OF MARYLAND | | | | | | |
|---------|--|---------|---------------|---------------------------------------|--------------|----------------|-----------------------------|----------------------|-----------|-------------------------|-------------|--|----------------|-------------|------------------|----------------------|
| 24 | 24 114 | | 1 - | FOR STATE | | | DEP | | | CATE OF DEAT | | INE | 1 | ťi. | 4 1 | 1 2 |
| 2 | 3147 | | | REGISTRAR | | | | | | CATE OF DEAT | | S REG. NO | | * | 0 1 |) () |
| | / | | | EASED NAME FIR | ST | 1 | AIDDLE | | t/ | ST | | 20. DATE OF DEATH | | | | 2b. HOUR |
| nt | NG PHYSICIAN. The low requires that the death certificate be executed. The low requires that the death certificate be executed. The low requires that the death certificate be executed. The low requires that the death certificate be executed. The low requires that the ottending physician and compiling the funeral directal sost the burial-transit permit. Then please remove corban popers. Pages and that the death of the please remove corban popers. Pages and the death of the poper of the death of the please remove the medical requirement of the please of the please of the please of the please removed. The property of the please remove the medical requirement of the please of th | | | Pober | -+ | | W | 1 | me | iers | | | | | 89 | 81)8AM |
| 12 | 8 8 9 | | 3. SE> | | 4. R | ACE | | 5 | . DATEO | | YEAR | AGE (IN YEARS LAST BIRTI | IDAY) | MONTHS | DAYS | HOURS MIN. |
| 1 | s af | rs afte | | Male | | White | | | Feb | 22, 1924 | | 61 | YRS. | | | |
| | Pog Pog Pog Pog Pog Pog Pog Pog Pog Pog | 43 | 7a. BII | THPLACE (STATE OR FOREIG | N 75. C | ITIZEN OF | WHAT COUN | VTRY? 8 | AA A DDIE | □ NEVER MARR | HED | BALTIMORE CITY O | R COUNT | Y OF DE | ATH | |
| | nerol 72 | 54 | | untry) laryland | | U.S. | Α. | | WIDOWE | | | Baltimore | City | | | MD. |
| | offer de r the fun ed withir | 15 | 10. CI | YORTOWN OF DEATH Baltimore | 11. | (IF NOT IN SUC | HOSPITAL, NE FACILITY, GIVE | URSING STREET ADI | HOME O | R OTHER INSTITUTI | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Disabled | | IFE) 12b. | KIND OF USTRY | BUSINESS OR |
| 201 | | - | ÜŚUA | L RESIDENCE (# NURSING) | OME OR OTHE | | GIVE RESIDENCE | E BEFORE AL | DMISSION) | | - | | | | | |
| ND 21 | (Ci) | 35 | 13a. S | Maryland 13b | COUNTY | | Balt: | NWOTS | | 134 INSIDE CITY LI | | 2904 Pinew | rood . | Ave | 21 | 214 |
| YLA | | 2 | 14. FA | THER'S NAME | MIDDI | (E | LAS | ST | | 15. MOTHER'S MAI | IDENNAM | AME MIDDLE LAST | | | | |
| MAN | g 25 | 50 | 100 | Samuel | A | | yers | | | Blancl | he | K | | Bowman | | |
| RE, | nd ca | 1 | 160. V | AS DECEASED EVER IN L | J.S. ARMED | FORCES? | 166 SOCIAL | SECURI | TY NO. | 17 INFORMANT | | ADDRE | SS | | | |
| WO | Pog Per | 1 | ,,, | Yes | WW . | 11 | 220 | 12-8 | 467 | Miss Ma: | ry XX | A Myers | S | ame | | 13e |
| ALTI | te b siciol oers. of. | 1 2 | | 18 CAUSE OF DEATH (E | nter only o | ne couse per | line for (a), | (b), And (| c1.1 e | 1 | | 1 | -111/- | 8 | APPROXIMETWEEN O | NATE INTERVAL |
| 60 | phy: | | | PART I. DEATH WAS | CAUSED BY | Υ: | Car | dea | 2. l | mony a | rru | 1- | | | | |
| Z | ding orba | 12 | | | | | R AS A CON | SECUL | CE OF | 114 | 11 | / | | | | |
| STO | tend ve cc an, c | | | Conditions, if any, wh | nich (| (b) | Ga | lre | in | Sul 1 | lee | eles | | | | |
| er m | he de he ot emov motic | | | gave rise to immedicause (a), stating | | DUE TO O | R AS A CON | SECHEN | CEOE | | | / | | | | |
| 3 | that the state of | | | | DST. | (5) | K AS A COIN | 3E GOEIA | CEO | | | | | | | |
| 301 | es plus | | 112 | PART 2. OTHER SIGNIFIC | CANT CON | IDITIONS C | ONTRIBUTIN | G TO DE | ATH BUT | NOT RELATED TO 1 | THE TERMI | NAL DISEASE OR CON | DITION GI | IVEN IN I | PART 1(o |) |
| ZDS, | quir sign Then to b | | Z O | | | | | | | | | | | | | |
| 0 | beer mit. prior | - | CERTIFICATION | 190. DATE OF OPERATION | 4 | 196. COND | ITION FOR V | VHICH O | PERATIO | WAS PERFORME | D | 200 AUTOPSY? | | | | GS USED OF DEATH? |
| 2 | The lo icion. te has sit peri | | E | | | | | - | - | | | YES NO | | ES [| | NO T |
| AT/ | cote cote d'assit Hygie | 0 | W. | 210. ACCIDENT WAS UNDERLY | ING | 21b. TIME C | | | VEAR | 21c. HOW INJURY | Y OCCURRE | ED (ENTER NATURE OF INJUI | RY IN ITEM 18, | , PART 1 OR | PART 2) | THE ARE |
| OF. | SICIAN: ng phys certifico unal-tran tentol Hy tem 18 | 9 | | OR CONTRIBUTING CAUS | | | .M. MONT .M. | H DAY | 19 | | | | | | | |
| NO | HYSH Iding Iding Is ce burn Burn Aer | 1 | MEDICAL | 214. INJURY OCCURRED | | 21e. PLACE | OF INJURY | | | 211. LOCATION STREET | | CITY OR TOV | A/NI | COU | VTA | STATE |
| VISI | | | Z | WHILE NOT WHILE AT WORK | | (AT HOME, ST | REET, FACTORY | QEEICE, FAR | M, ETC.) | STALL | | / | | | | o, nic |
| 5 | or offer the as the offer and | V | | 22a 1 certify that (1) (thi | | ottended # | e deceased | from | 7/0 | 8/85 11 | 9 | _, to _7/25 | | , 19 € | J . 1 | that (1). (we) lost |
| | Spital Spital d for of He | | | sow the deceased o | live on | 7/2 | 8/85 | _19 | , or | nd that in (my) (our) |) opinion d | eath occurred on the de | ste and ho | our and f | rom the c | ouses stated |
| | OR ATT be hasped bept. of them? | | | obove, (I) (we) (did) | aid not vi | ew the body | offer depth. | | | DEGREE | | | | 21 | . DATE | GNED/ |
| | P C C | | | ('. (') | / | N | // | | | ATTEN | NDING T | MEDICAL STAL | | 1 | 1/2 | 18/8)- |
| - 4 | by by ERA Stot | 1 | | 22d. PHYSTEIAN'S NAME | (TYPE OR PRI | NT) | | | | 22e. ADDRESS | - /4 | | | | 1 | |
| | TO HOSPITAL etoined by the TO FUNERAL should be deto with the State IMPORTANT. | | | (ngala | DN. | (0 | Man | U | | 6.3 | SH, | | | | | |
| | retoin 10 F shoul | - | 23n | BURIAL, CREMATION, REA | AOVAL I | 3b. DATE | 1 | | ME OF C | EMETERY OR CREM | AATORY | 236. LOCATION | | | | |
| | DD | | 130 | SPECIFY) | | | | | | | | Jarretts | vi 110 | COUNT | rula | STATE |
| | BP | | 24. F | Burial UNERAL DIRECTOR | | 8/1/ | | | | Bend Cem | | REC'D. BY REGISTRAR | | | | |
| | DHMH - 16 25M (VR A 15 (4)) 5 | 774 | | Leonard J | Ruck | Inc. | Baltim | ore, | Mari | uland | JL | JL 3 0 1985 | aris. | revilled it | 101-1 | Fundalla. |
| | | | | | | | | | | , | | | | | | |



DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

- STATE

John C. Miller Inc-6415 Belair Road-21206

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23d. LOCATION

CITY OF TOWN

2b HOUR 20

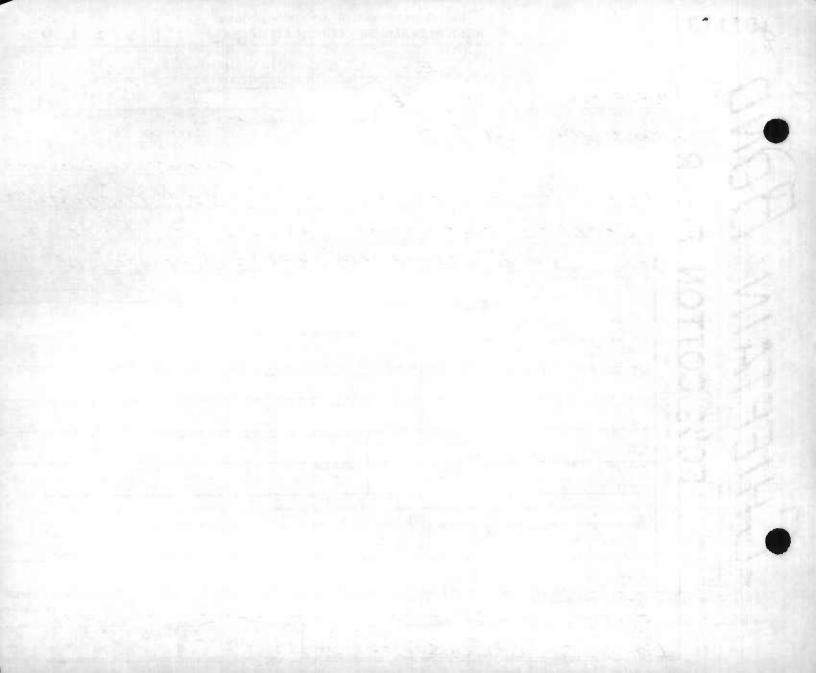
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| 1 | OTITIO | 11. | STATE REGISTRAR | MEDICAL EXA | MINER'S C | ERTIFICATE O | F DEATH RES. | 9 5 | U | |
| 8 | | I. DE | CEASED NAME FIRST | MIDDLE | | LAST | | | YEAR 12h H | HOUR |
| 1 | | | E OR PRINT) | | | | 20. DATE KNOWNY OF ESTI- | | 1 | IOUR |
| / | 発送型表型 | | William | | | yers | DEATH MATED | / - T | 19 85 | ٨ |
| | 当日本の記 | 3. SE | 4. RACE 5. D/ | ATE OF BIRTH 6 AG | | DER 1 YR. IF UNDER | | MONTH DAY | YEAR 2d. I | HOU |
| | DISK. | n | PALE NEGROID | | ST BIRTHDAY) MONTH | DAYS HOURS | MIN. PRONOUNCED DEAD | 7-1 | 1985 P | :05 |
| | 3 3 5 Z E | 72.0 | | CITIZEN OF WHAT COUNTRY? | La | | 0 BALTIMORE CITY | OP COLINITY OF | | • // |
| - | BCESSA INFRAM. FOR Y PRESH | FC | REIGN COUNTRY) | INIZERIOI WINI COUNTRY! | * MARRI | ED NEVER MARRI | ED T | _ | DEATH | |
| | 7 3 44 5 | 1 | Salto. Md. | 4.5.07, | WIDOW | ED DIVORCI | | | | MD |
| - | 20 mm 10 | 10 C | | NAME OF HOSPITAL, NURSING | | ER INSTITUTION | 120. USUAL OCCUPATION (T | PE OF WORK 126. K | IND OF BUSINES | 55 |
| / n | SERVICE SERVIC | | Baltimore | Johns Hopk | rins Host | ital | FOR MOST OF WORKING LIFE) | parties of the latest and the latest | 451006 | >< < |
| - 1 | 2 Z H G | No. of Contract of | AL RESIDENCE (IF IN NURSING HOME OR OTHE | | | 1.021 | 2001 | 10 | 75 | |
| 0 | 102500 | | TATE / 136 COUNTY | 13c. CITY OR T | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 100 K | XUZ | 1 |
| - | 4. A SA DA | 1 | md. | Ba. | 170. | YES NO | 633 N. | 17159 | with | 57. |
| 9 | # New 2 | 14. F. | ATHER'S NAME | | | 15. MOTHER'S MAIDE | NNAME | | | |
| - 10 | 中できりまつへ | | FIRST | DIE PARILAST | 2 17 | FIRST | MIDDLE | PD | LAST | - |
| 0 80 | B95569 | 1/- 1 | WAS DECEASED EVER IN U.S. ARMED F | ODCESS VIL SOCIALS | ECURITY NO. | 17. INFORMANT | ADDRES | DAC | NA. | 7 |
| 3 | E 4 0 8 6 | 100. | ES. NO. OR UNKNOWN) I HE YES GIVE WAR O | R DATES) | | S - | TII POR | 2 ~ 30 | 21820 | 0 |
| BALTIMO | S AFTER GIVE PO ITH FO PAGES IVISION | | yes www. | 71 220-0 | 3-5600 | DORO. | 171 CRAYL | Utor. | Drain | Ca. 9 |
| | ~ > - | 7 | 18. CAUSE OF DEATH (Enter only one | couse per line for (a), (b), and | (c).) | | | | APPROXIMATE INTER | JAV |
| S | 24 HOU! TEM 18. ONG V PERMIT. SIENE, D | | PART I DEATH WAS CAUSED BY: | Arteriosc | | Cardiovasc | ular Disease | BET | WEEN ONSET AND | DEATH |
| NO | 24 HO ITEM 1 ONG PERM SIENE | | IMMEDIATE CA | 031 (0) | | cararovaso | didi Dibedbe | | | |
| EST | ITHIN 24 I VER ALON ANSIT PER AL HYGIEI REMOVA | | 0 10 7 13 | DUE TO, OR AS A CONSEQ | UENCE OF | | | | | |
| 2 | E SERVICE E | | Conditions, if ony, which gove rise to immediate | (b) | | | | | | |
| ` ≥ | OR TRANSPORT | | couse (a) stating the under- | DUE TO, OR AS A CONSEQU | UENCE OF | | | | _ | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | SHOULD BE EXECUTED WITHIN 24 ORD "PENDING" IN PENCIL IN IT CHIEF MEDICAL EXAMINER ALC E USED AS A BURRAL—TRANSIT PI OF HEALTH AND MENTAL HYGIN URAL, CREMATION, OR REMOVI | | lying couse lost. | | | | | | | |
| S, | 2525 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI | RUTING TO GEATH BUT NOT BELAYED TO | THE TERMINAL OICEAC | TOO CONDITION CHIEN IN DA | AV 1 | | | |
| 28 | A S S S S S S S S S S S S S S S S S S S | 7 | TAKE 2 OTHER STORM TEAM COROTTON'S CONTROL | NOTING TO OCATH BUT NOT RECATED IN | THE FERMINAL VISEAS | OK CONDITION GIVEN IN PA | KI 1 10 | | | |
| S S | D BE EXE ENDING MEDICA AS A BU EALTH AI CREMA | MEDICAL CERTIFICATION | | | | | | | | |
| - A | HE A | 13 | 190. DATE OF OPERATION | 196. CONDITION FOR WHIC | CH OPERATION W | AS PERFORMED? | | 20 | AUTOPSY? | |
| ¥ | SHOUL ORD "F CHIEF CHIEF TOF H SURIAL, | Ē | Table 10 Page 100 | F-10-10-10-10-10-1 | | | | | YES NO | XXC |
| > | ATE SPECIAL SERVICE OF BUT OF | = | 210. EXTERNAL CAUSE WAS | 216. TIME OF INJURY | | OW INJURY OCCURRE | D JENTER NATURE OF INJURY IN ITEM | | | 2524 |
| 0 | SAFE FEE | 1 2 | UNDERLYING OR | HOUR A.M. MONTH DAY | YEAR | | | | | |
| ō | ERTIFIC ING TH S SHOU SEPART | 2 | CONTRIBUTING CAUSE OF DEAT | | 19 | | | | | |
| N N | S CERTIFICATE SH RRITING THE WON RDED TO THE OF GER 3 SHOULD BE TE DEPARTMENT OF 201 PRIOR TO BU | 1 0 | 214 INJURY OCCURRED | 21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.) | | CATION | CITY OR TOWN | COUNTY | | STATE |
| ŏ | | 5 | AT WORK AT WORK | , | | | CITI ON TOWN | COUNTY | | |
| | JER: THIS CATE, WRI FORWARI OR: PAGE HE STATE IND, 2120 | | | | | | | | | |
| | EXAMINER: CERTIFICATE OULD BE FORV L DIRECTOR: I, WITH THE S MARYLAND, | | 220. I certify that I took charge of t | he remains described above, hi | eld on Autop | sy . Inspection | n 💹 , Inquiry 🔲 , 🤇 | ond in my opinion | | |
| | # # # P F 5 | | death resulted from: Notural co | uses XX Accident | , Suicide | , Homicide | Undetermined manner | | | |
| | EXAMI CERTIFI JLD BE DIRECT WARYL | | 100 - | 0921 11 | 0,0 | TITLE (SPECIFY) | | | | |
| | A COURT | | SIGNATURE CHILLIE | 1/ Musty | sug! | D Assistant | MEDICAL EXAMINER | DATE SIGNED | 7-2-85 | |
| | ZESE E | | SIGNATOR | 000 | , , , , , , , , , , , , , , , , , , , | .0.1100100 | MEDICAL EXAMINER | SIGNED | | |
| | SE TANGE | - | EXAMINER'S NAME Donni | s F. Smyth, M | D | 111 0 | enn St., Balto | 5M c | 21201 | |
| | TO MEDICAL EXAMENS TO FLORE A SHOULD BAGE 4 SHOULD BE A SHOULD BE AFTER DEATH, WITH BALTIMORE, MARY | - | | | | | | | | |
| | E D C E < Q | | URIAL, GREMATION, REMOVAL 236. D | ATE 23c. NAME | OF CEMETERY O | R CREMATORY | 23d. LOCATION | COUNTY | igo Royd | ABR |
| 07/B4 | BP | | Burial 7- | 8-85 Gar | rison | roresti | VA Balte | كالعلام سن | PEN, | |
| 25M | D | 24 F | UNERAL DIRECTOR | | ノベノゴ | 250. DATE F | REC'D. BY REGISTRATE | GISTRAR'S SIGNA | TURE | |
| | DHMH - 17 (VR A15 ME (5)) | | Millian R.C. | ADDRESS | Pres | todex | JUL OU T | | | |
| | (AIL WIR (A)) | | 4/1/10/0-00 | RUGGS | 10 (3 | 1-10/ | | | | |



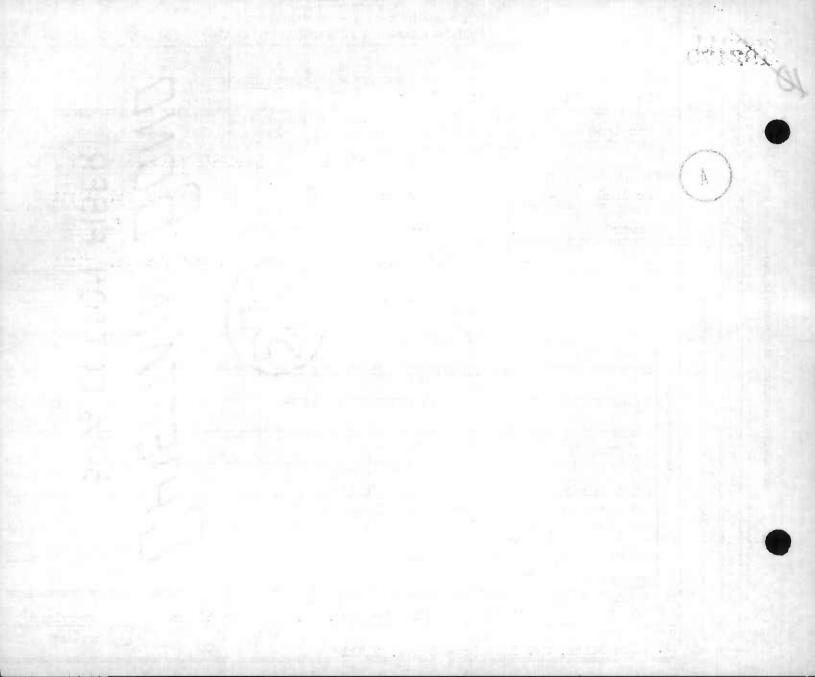
| | | tems 18 | -22a 7/2 | 4/85 mtb F | | | OF MARYLA | | | | | | | | |
|--|---------------|----------------------------|---------------------------------------|--------------------------|----------------|--------------------|--------------------------|--------------|-------------|----------------|------------|-------------------|-----------|-----------|----------|
| | 1- | STATE | | MEI | | | ALTH AND M | | | | | 0 6 | . 1 | 1 | |
| 204112 |) DE | REGISTRAR CEASED NAM | F FIRST | MEI | MIDDLE | EXAMINE | R'S CERTIFI | CATE | | | REG | | DAY | YEAR 2 | 21 11011 |
| | (TY | PE OR PRINT) | | ah. | | | | | | OF DEATH A | ESTI- | MONTH | | | 2b. HOUI |
| FEET SEET SEET SEET SEET SEET SEET SEET | 3. SE. | X | Josep 14-RACE | Is. DATE OF BIRTH | D. | To AGE (IN YEAR: | Myrick IF UNDER 1 YR. | IF UNDER | 24 HPS 1 | 2c. DATE | MATED | MONTH MONTH | 7/ 19 | | 24 HOLL |
| P. P | 1 | lale | Black | 9/13/19 | YE AR | LAST BIRTHDAY) | MONTHS DAYS | HOURS | | RONOUNC | ED | - / | - 1 | | 12 H31 |
| A A A A A A A A A A A A A A A A A A A | Zo B | IRTHPLACE (S | | 7b. CITIZEN OF WE | HAT COUN | 1113 | 11- | | | | RECITY | OR COUNT | | 85 | P |
| NECESSARY FUNERAL DIR 5. FOR YOU WITHIN 72 W. PRESTON | FC | Virgi | | USA | | | MARRIED 1 N | EVER MARRI | ED 🔲 🕆 | | | City, | OFFE | | |
| ED, V | 10. C | ITY OR TOWN | | 11. NAME OF HOS | PITAL NU | | | DIVORC | | AL OCCUPA | | | 126. KIND | OF BUSI | ME |
| ANY DELAY IS NECESSARY, PLEASE HEAD TO THE FUNERAL DIRECTOR. REFINED WITHIN 72 HOURS HEED, WITHIN 72 HOURS HOURS WOULD BE FILED, WITHIN 72 HOURS HOURS WOULD BE FILED, WITHIN 72 HOURS HOU | | Balti | more | (IF NOT IN SUCH FA | CILITY, GIVE S | | | | | OST OF WORKIN | | | | DUSTRY | |
| = DE NO. | USU. | AL RESIDENCE | (IF IN NURSING HOME | OR OTHER INSTITUTION, GR | VE RESIDENCE | E BEFORE ADMISSION | | | | | | | | | |
| 第 名音音音 | 130. 3 | Md . | 136 COU | NIY | | imore | YES TO | CITY LIMITS? | 2400 | W. Be | s alto | . St. | 2122 | 3 | |
| MD.2 | 14.F | ATHER'S NAMI | | MIDDLE | | | | HER'S MAIDE | | | | | | | |
| # 555 SSOO | | Ster1: | ing | Myric | k | LAST | | Chern | cv | a MIDE | | rick | LAST | | |
| W HAGNA | 16a. | | DEVER IN U.S. A | | | CIAL SECURITY I | IO. 17 INFOR | | | | ADDRE | | | 1- | |
| IRS AFT B GIVE WITH R PAGE DIVISIO | | res, NO, OR UNKNO | (IF TES, GIV | E WAR OR DATES) | 218- | -03-0273 | Gene | va Myı | rick | 2400 | W. | Balto. | St. | (23) |) |
| M M M | | 18 CAUSE C | F DEATH (Enter of | only ane cause per line | for (o), (b |), and (c).) | Cute Ft | hanoli | Cm. | | | | APPRO | XIMATE IN | |
| A PERSONAL PROPERTY NAMED IN STREET | | PARTIDE | | ATE CAUSE (a) AT | teri | osclerot | cute Etl | rtensi | Ve Ca | rdiov | ascu | ılar Di | ceas | 9- | |
| MOV WOV | | | | | AS A CON | NSEQUENCE OF | | | | | | | | | |
| NA WEIGHT | | | ns, if ony, which se to immediat | | | | | | | | | | | | |
| N N N N N N N N N N N N N N N N N N N | | cause (a' | stoting the <u>under</u> use last. | DUE TO, OR | AS A CON | NSEQUENCE OF | | | | | | | | | |
| DS. 201 XECUTES AG: IN PAGE EXA BURIAL AND ME AND ME | | | | (c) | | | | | | | | | | | |
| A BEA A BEA | 7 | | | S CONTRIBUTING TO DEATH | | | | | | | | | V. Fu | | 100 |
| L RECOR | CERTIFICATION | | OPERATION | tic hypert | | | | | ase | | | | | | |
| TAL R HEF PHEF ON THE PHEF OF HEF PHEF PHEF PHEF PHEF PHEF PHEF PHEF | 1 A | 170. DATE OF | OPERATION | 196. CONDIT | ION FOR | WHICH OPERAT | ION WAS PERFO | RMED? | | | | | 2D AUT | | |
| F VITAL B TE SHOUL WORD "P TE CHEF O BE USED ENT OF HE | 1 | 21a EXTERNA | AL CAUSE WAS | 21b. TIME OF | INTUIDY | | 21. (10)4/15/10/2 | V Occupat | | | | | YES | | NOX) |
| DIVISION OF VITAL RECORDS. S. CREJ FICATE SHOULD BE DECRIFING THE WORD "FENDING" ROED TO THE CHIEF MEDICAL AS 3 SHOULD BE USED AS A BUS TO EPERATUM TO FREATH AND TO PRICE TO BUSIAL, CREMATI | | UNDERLYING | OR | HOUR A.M | | DAY YEAR | 21¢ HOW INJUR | Y OCCURRE | D (ENTERN) | ATURE OF INJUR | RY IN ITEM | 18 PART 1 OR PART | 2) | | |
| /ISIO | MEDICAL | 21d. INJURY C | NG CAUSE OF | P.M. | | 19 | 21f. LOCATION | | | | | | | | |
| DIVISION OF THE PRESENT OF PRESEN | ME | 1 | NOT WHILE | STREET, FACT | | | STREET | | | CITY OR TOWN | 4 | cour | YTY | | STATE |
| TAAAET | | AT WORK | AT WORK | | | | | | 977 | | _ | | | | |
| AND SAIL | | 22a I certi | fy that I taak chai | rge of the remains des | cribed abo | ove, held on | Autopsy . | Inspection | <u>.</u> X. | Inquiry | | and in my api | nion | | |
| WE WE WE | 14 | deoth result | ed from: Nat | urol cause) X | Accident | L. Suici | | iicide . | Undeter | rmined manr | ner | | | | |
| EXA GERT LOIRE I, WIT MARY | | ACTUAL | 1500 | VIN | / | | | SPECIFY) | | | | DATE | 7/ | 0/05 | . 14 |
| SHO SHO SHO | | SIGNATURE. | | VII | - | | M.DAS | ssista | IT MEDIC | CALEXAMIN | VER | DATE | | 8/85 | 1 |
| A PINCOLE A PINC | - | EXAMINER'S (TYPE OR PRI | NAME GY | egory R. K | auffi | man. M.D | - ADDRESS | 1 | 11 Pe | nn St | | | | | |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | 23e.B | LIPIAL CPEMA | TION, REMOVAL | | | | ERY OR CREMAT | | 234 100 | | • | | | | |
| 07/84 BP | 1 | rial | | 7/13/85 | | | urn Cem. | | CITY OF | stport | t | COUNT | Md. | STATE | Ė |
| 25M DHMH - 17 | | UNERAL DIREC | | | | | | 250. DATE R | REC'D. BY | REGISTRAR | | OHSTRAR'S SIG | | .00 | |
| (VR A15 ME (5)) | # | 推推 Cha | as.A. Ri | ce FSPA 1 | 300 E | Eutaw P1 | | JUL | 1618 | 385 9 | - Char | hamagan- | -Norton | | |

Village.

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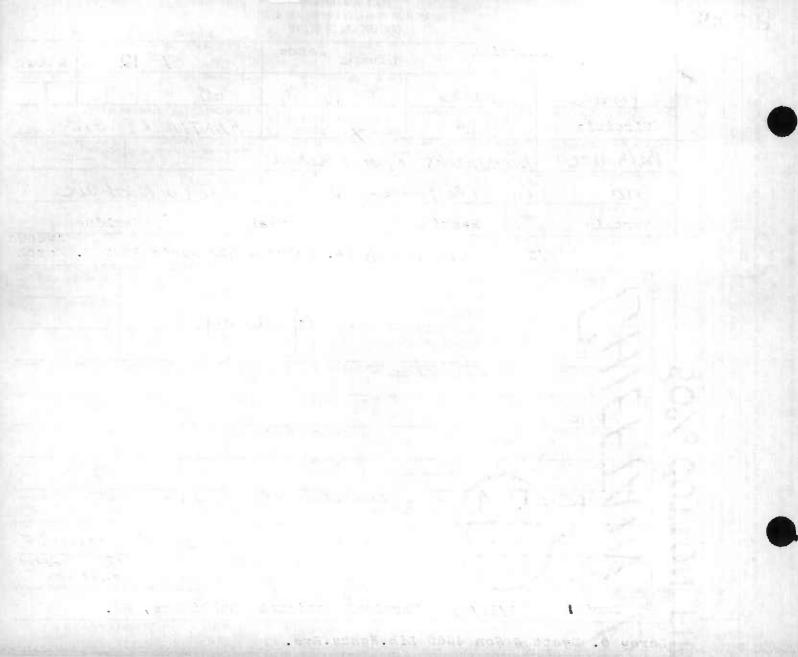
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 19 85 Howard Nace 4. RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White 6 Male 43 42 DEAD 19 85 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland USA Baltimore City, WIDOWED DIVORCED LEITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Printer (Pressman) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 21211 ADP Baltimore 841 W. 37th St. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 841 West 37th St. Maryland Baltimore 21211 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Howard Priscilla Nace Montgomery 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 215-40-1451 No JoAnn Nace 841 West 37th St. 21211 ALONG W CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Arteriosclerotic Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? NT OF HE BURIAL, BODY ONLY 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22e. I certify that I took charge at the remains described above, held on ONLY death resulted fram: Undetermined manner Accident Hamicide TITLE (SPECIFY) ACTUAL DATE Assistant 7/7/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. lll Penn St (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7/11/85 Burial Lake View Mem. Pk. Baltimore Maryland 07/B4 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ra burdson francesse **DHMH - 17** Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))



| J. | 920 | 92 | 1 - | FOR STATE REGISTRAR | DEPART | CERTIFICATE OF DEATH | S S REG. NO. | 9 5 1 3 |
|--|--|--|----------------|--|---|---|---|--|
| | be 3 eath | .0 | | CASED NAME FIRST C. | hestinä ^{moole} | Nance Nance | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR 85 5:00 AM |
| | se 4 may be ector, page 3 is after death | 40 | 3. SE | Female | 4. RACE Black | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| • | nerol dire | 33 | | RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia | 76. CITIZEN OF WHAT COUNTRY? | | 9. BALTIMORE CITY OR COUN | TY OF DEATH |
| 5 | s ofter dej by the fundiled within | nopified o | 10. CI | Baltimore | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET NORTH PACILITY) | NG HOME OF OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126. KIND OF BUSINESS OR |
| ND 212 | 24 hour filled in b | 35 | USU/ 130. S | LA RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | 13. STREET ADDRESS W.A | Jorth ave 1216 |
| ., BALTIMORE, MARYLAND 21201 | within pletely and 2 sh | exomine | | THER'S NAME Murtain | MIDDLE Haskins | 15. MOTHER'S MAIDEN NA | a h | Haskins |
| IMORE, | Book | medical | | AS DECEASED EVER IN U.S. AR | MED FORCES? 160 SOCIAL SECTION AMAR OR DATES) 2 1522 | | wnette Davis | 2809 W. North |
| T., BALT | physical physical property of the property of the physical physica | went, the | | | oly one couse per line for (a), (b), and BY: TE CAUSE (a) | pulmonapt | anest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | that the death can by the attending ase remove carbo | sl, cremation, ever r other troumatic | | Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | moma a | Lung | |
| RDS, 20 | equires n signed Then ple | r to burk injury, o | NOI | PART 2. OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION (| GIVEN IN PART 110 |
| AL RECO | on. has bee | Sons on | CERTIFICATION | None | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF IN CER | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \) |
| OF VIT | g physical entificate iol-tronsi | em 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH D | AY YEAR | RRED (ENTER WATURE OF INJURY IN ITEM | 8 PART 1 OR PART 2) |
| IVISION | affending offer this cost the burner of the | hond Me | MEDICAL | 21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK | 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY |
| | spitol or CTOR: Al | of Healt | | saw the deceased alive on above (II) we) (Gio) (did no | ottended the deceased from. 10 19 19 19 11 view the bady after death. | 7 10 PC , 19 8 C | | |
| | y the ho RAL DIRE | ute Dept | | 226. SIGNATURE | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 7112185 |
| | etoined by the TO FUNERAL should be deta | WPORTAN | | K. D.C | TSAI. | NORTH CAN | AS GEN HOSP. | BANT, MA |
| | BP | _ | | Burial Burial | | NAME OF CEMETERY OR CREMATORY aryland Nationa | | |
| D | HMH - 16 50A (VRA 15, | | | eroy O. Dyett | & Son 460°0° 1 | Lib. Hghts. Ave. | TE REC'D. BY REGISTRAR 256 REG | Day Ison- Handell |

STATE OF MAKTLAND



| | | STATE | OF | MARYLAND | |
|--|--|-------|----|----------|--|
|--|--|-------|----|----------|--|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| The low requires that the securities to be executed within 24 hours ofter deoth. Page 4 may be ricion. The hos been signed to the security physicion and completely filled in by the funeral director, page 3 sist permit. Then place the property property Pages, Land 2 should be filed within 72 hours ofter deoth shows only injury, at attention to burner, the medical examiner of the decidence of the property of the | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH SEG. NO. | | | | | | | | 1 4 |
|--|---------------|--|---------------------------|---|---|-------------------|------------------------------------|-------------|--|---------------------------|---|------------------------------------|
| decity be | | CEASED NAME OR PRINT) | FIRST GNE | | A. | N | EFF | | 2ª DATE OF DEAT | NONTH 2 | 7 85 7 85 | 26 HOUR 015 AM |
| ector. po | 3 SE) | Fenale | 1 | RACE whit | е | S. DATE C | F BIRTH | VEAR 07 | 6 AGE (IN YEARS LA | T BIRTHDAY) | MONTHS DAYS | HOURS MIN. |
| nerol dir | | RTHPLACE (STATE OR F | OREIGN 76 | U.S. | WHAT COUNTRY? | MARRIEI WIDOWE | DIV DIV | ARRIED O | Baltimore cit | Y <u>or</u> coun imore | | MD. |
| s offer d | | TY OR TOWN OF DEA | TH 11 | | HOSPITAL, NURSING HEACILITY, GIVE STREET A HOSPITAL | | R OTHER INST | ITUTION | 12a USUAL OCCUI | ST OF WORKING | GLIFE) INDUSTRY | e Maker |
| scuted within 24 hours ofter death, rage 4 may-be 4 completely filled in by the funeral director, page 3 stand 2 should be filed within 72 hours ofter death collecommercular be offered director. | | AL RESIDENCE (IF NURS. TATE Md. | 13b. COUNTY | | GIVE RESIDENCE BEFORE 134 CITY OR JOWN Glen Bur | ٧. | 13d. INSIDE CITY LIMITS? YES NO XX | | 13. STREET ADDRESS / ZIP CODE 336 Gatewater L | | 2 Landing | 106 <u>1</u> Apts.#20 |
| | 14. FA | John | MIC | P. Johnso | | n | 15 MOTHER'S Flo | MAIDEN NAM | MIDD MIDD | LE | War | ď |
| Poges | | VAS DECEASED EVER (ES, NO OR UNKNOWN) NO | | D FORCES? VAR OR DATES) | 213-05-9 | | 17. INFORMAT | | Same as | 13e | E L | |
| physicio n popers. movol. | | 18 CAUSE OF DEATI PART I. DEATH W | | BY: | line for 101, (b), one | | ular | sepsi | \$ | | APPRO BETWEEN | XMATE INTERVAL NONSET AND DEATH |
| ned by the control of | | Conditions, if ony, gove rise to imm couse (o), statin underlying couse | which nediote g the | DUE TO, O | RAS A CONSEQUE | | sculer | | | | | |
| | NO | PART 2 OTHER SIGN | HIFICANT CO | NDITIONS <u>C</u> | ONTRIBUTING TO D | EATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR C | ONDITION | GIVEN IN PART 1 | 10 |
| on. he low r. t permit ene prior | CERTIFICATION | 19a DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFOR | RMED | 20a AUTOPSY? | IN CER | YES, WERE FIND RTIFYING CAUSE YES | |
| ICIAN: T 3 physici 3 physici iol-tronsif intol Hygi em 18 sh | _ | 21a ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH DA | Y YEAR | 21¢ HOW IN. | JURY OCCURE | ED (ENTER NATURE OF | INJURY IN ITEM | 18 PART 1 OR PART 2) | |
| G PHYS offending er this co the bur ond Me | MEDICAL | 21d INJURY OCCUR | RED | 21e PLACE | | ARM, ETC.) | 21f LOCATIO | N | CITY | /IOWN | COUNTY | STATE |

deceased alive on______ dody after death. 22d. PHYSIC

22a I certify that the hope of the deceased from.

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF

opinian death occurred on the date and hour and from the causes stated

that (we) lost

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

236 NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

23d LOCATION Brooklyn

AOU'AY. Md .

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hwy. Baltimore Md. 21225

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

100 .alga (climat a Janota, of course v. onde caltimone is. 112254

DE C. MITTERS MILITARY TO THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 4 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 3 | REG. NO | | 90 | 1 0 |
|-----|-------------------------------------|---|--|-----------------------------|------------------|---------------------------------------|---------------------|----------------|----------------------|---------------|-------------------|
| | 1 DECEASED NAME | FIRST | | MIDDLE | | LAST | 2a DATE OF | FDEATH | MONTH D | YEAR - | 26 HOUR |
| | | BERNAR1 | | van | | MAN | | JUL | , | 1985 | 3:13p N |
| 1 | 3. SEX | | 4 RACE | | 5 DATE C | | 6 AGE (INY | EARS LAST BIRT | HDAY} | MONTHS DAYS | HOURS MIN. |
| | Male | | White | | Dec. | 19, 1933 | | 51 | YRS | | |
| | 7a BIRTHPLACE 151. COUNTRY) Marylar | ate or foreign | U.S. | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | | IMORE | CITY | OF DEATH | ME |
| 100 | BALTIMORI | | VA "MED | ICAL CENT | ER BA | LTIMORE MD | | | ON F WORKING LIFE | | |
| - | 130 STATE Maryland | IM COU | | Br. CITY OR TOW Owings M | | 13d INSIDE CITY LIMITS? | 13° STREET 1 | ADDRESS / | ZIP CODE | | 21117 |
| 1 | Harry | | WIDDLE | N d wma: | n | Rose | ME | WIDDLE | | Pere | goff |
|) | 160 WAS DECEASED | EVER IN U.S. AI (IF FES GI 5/20/3 | PAMED FORCES? VE WAR OR DATES! 2-5/15/56 | 166 SOCIAL SECU 216 32 5 | | Joseph Newman | n Owin | | ton R | Nd. 21 | 117 |
| | 18 CAUSE OF | DEATH (Enter o | nly one couse per | line for 101, (b), on | d (c) | 0 | - | | | | ONSET AND DEATH |
| 1 | PARTI. DEA | ATH WAS CAUSI | TE CAUSE (0) | RESDIE | Sto | y bilure | | | | | |
| | | | DUE TO, O | R AS A CONSEQUE | NCE QF | 7 pi | 210 | | | 1 60 | |
| | Conditions, it | | (b)_ | Meana | HIS | possible to | - | osce: | 22 | | |
| | | stoting the | DUE TO, O | R AS A CONSEQUE | NCE OF | | 7 | | | | |
| | | couse lost | (c) | | | | | | | | |
| | | RSIGNIFICANT | CONDITIONS <u>C</u> | ONTRIBUTING TO [| DEATH BUT | NOT RELATED TO THE TERM | INAL DISEAS | E OR COND | OITION GIVE | EN IN PART 1 | O |
| | NO DATE OF C | PERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTO | OPSY? | 20b. IF YES, | , WERE FINDIN | NGS USED |
| ١ | I SE | | | | | | YES | NO | | YING CAUSES | OF DEATH? |
| 7 | 21a. ACCIDENT W | AS UNDERLYING | | | | 21c. HOW INJURY OCCURR | | | | | 1.0 |
| | OR CONTRIBUTION | G CAUSE OF DE | AIR | M. MONTH DA | AY YEAR | Maria Car | | | | | |
| | (IF EITHER NOTIL | | 21e. PLACE | OF INJURY | | 211 LOCATION | | CITY OR TOV | a/Ni | COUNTY | STATE |
| | WHILE AT WORK | AT WORK | (AT HOME STI | REET, FACTORY, OFFICE, F | ARM ETC) | SIMEEL | | CIII OK IOV | | COOKIN | STATE |
| | 22a.l certify th | not X (this hosp | | e deceosed from_ | | 16, 19.85 | Jul | y 16, | | 9.85 | that Xi (we) last |
| | sow the d | eceosed olive or | of view the body | ofter death. | 8501 | nd that in (n) (our) opinion o | deoth occurre | d on the do | te ond hour | and from the | couses stoted |
| | 27/2 6450/2415/5 | lē. | | | | DEGREE | MEDICAL | CTAE | | 29 PATE | SIGNED |
| | J-K | mmer | man | -10 | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | DHYSIC | | 1/1 | 1185 |
| | 274 PHITSC 63 | S NAME (TYPE | OR PRINT) | | | 220 ADDRESS | DO DO | 7 | | المال ميد | 01016 |
| | LED | oldh. | ~ I TY | ELLIS. | | 3900 Loch Ra | | | uumo | me ma | 21218 |
| | 23a BURIAL, CREMAT | | | | | EMETERY OR CREMATORY | 23d LOCA | ORTOWN | | COUNTY | M. STATE |
| | Crema | of A | pury 10 | ckhardt | Funer | ew Memorial Pa al Chapel 25a. DATE | ERECTO BY R | ed time | 75h REGISTE | PAR'S SIGNIAT | Md. |
| | R Sam 1 | 1: 1/ | | wings Mi | lls, | Md. JUL | 1221 | 096 | Lelia Ja | side A | èndesse. |
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DHMH - 16 60M 7/84

IMPORTANT

(VRA 15, 4)

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NAME OF PERSONS ASSESSED.

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Film G605 item 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1- STATE 7/18/85 ria 204033 REGISTRAR REC NO. I. DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINTI OF ESTI-DEATH MATED 1985 **JOHN** NICCOLI J. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 7 2622 1928 56 DEAD Male White Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH IN RIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED Baltimore City Maryland IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Key Medical Center Steel Worker Beth. Steel Baltimore HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30. STATE COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Dundalk 715 Wise Avenue 21222 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST Niccoli Josephine Spina Fiore Mary 60: WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES NO OR LINKNOWNS 215-24-3657 Marie Niccoli Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STYLMORE, MARYLAND, 2 Inspection K 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: A Natural causes X Hamicide . Undetermined manner Accident Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-13-85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Dundalk Maryland Burial 7/16/1985 St. Michaels Baltimore 07/84 25M 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE - u nuracon-fandale **DHMH - 17** 21222 (VR A15 ME (S)) 7922 Wise Avenue Dundalk, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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| | | | | 22a 8/1/ | 85 mtb | | | | OF MARY | | | | | | | | |
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| 201 | 008 | | REGISTRAR | | | MEDI | CAL EX | AMINER | 'S CERT | IFICATE | OF DEA | ATH | REC | NO. 9 | 0 | 1 | 7 |
| 204 | v Cool | | EASED NAME | FIRST | | M | IDDLE | | LAST | 010-117 | | 2a. DATE | KNOWN | | H DAY | YEAR | 26 HOUR |
| | W 21.60 | (TYP) | OR PRINT) | RAPHA | ਸਾਹ | ANCE | | | NIN | Т | | DEATH | ESTI- MATED | X 7 | 13 | 19 85 | |
| | S NECESSARY, PLASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS I'M. PRESTON STREET, | 3 SEX | | RAPHA | IS. DATE OF | ANGE | | GE (IN YEARS | | | ER 24 HRS. | 2c DATE | | MONT | H DAY | YEAR | 2d HOUF |
| | STREET | J JLA | 1205 | MACE | MONTH | DAY | YEAR LA | ST BIRTHDAY) | | | MIN | PRONOUN | ICED | | | | |
| | SZ SER | | ale | White | July | 23,1 | 941 | 43 YRS. | | | | DEAD | | 7 | 13 | 19 85 | 8:28 A _N |
| | SET RES | 7a BI | RTHPLACE (STA | ATE OR | 76. CITIZEN | OF WHAT | COUNTRY? | 8. _A | ARRIED [| NEVER MAR | RIED KX | 9. BALTIM | ORE CITY | OR COL | NTY OF | DEATH | |
| 1 | S A C E E | 1 | aryland | | - | U.S. | Δ | | DOWED [| DIVO | | Balti | imore | Cit | V | | 145 |
| | E FUNERAL E S FOR Y ED, WITHIN | 10. CT | LY OR TOWN C | OF DEATH | 11. NAME C | | AL, NURSIN | G HOME, OR | OTHER INS | TITUTION | 12s. US | UAL OCCUP | | | K 12b. KI | ND OF BU | ISINESS |
| | IF ANY DELAY IS N AND 3 TO THE FU AND 3 TO THE FU SHOULD BE FILED RECORDS TO IN | - | | | | | TY, GIVE STREET | | | | FOR | MOST OF WOR | KING LIFE) | | 0 | R INDUST | RY |
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| × × | FEERE ST | | Y J J) | ATH WAS CAUSED | E CAUSE (o) | Se | eizure | disor | der | | | | | | - | | |
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| ¥ | WORD WORD E CHIE SINT OF | Ĕ | | | | | | | | | | | | | | YES 🔀 | NO 🗆 |
| <u>"</u> | WC W | 8 | 21e EXTERNAL | CAUSE WAS | | IME OF IN | | | Ic HOW IN | JURY OCCUR | RED (ENTER | NATURE OF INJ | JURY IN ITEM | 18 PART I OI | | 120 94 | |
| Z | SHEDER 5 | | UNDERLYING | | | | NONTH DAY | | | | | | | | | | |
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| ž. | RDED RDED SE 3 SI TE DEP | MEDICAL | | | STR | EET, FACTORY | FARM, ETC.) | nome. | STREET | 14 | | CITY OR TOV | WN | | COUNTY | | STATE |
| ۵ | SERVES | | AT WORK | AT WORK | | 56 | | | | 3.00 | | | | 15.7% | | | |
| | W 50 . | | 22a, 1 certify | that I took charg | e of the remo | oins describ | ed obove. h | eld on A | utopsy X |], Inspect | uon 🗍 | Inquiry | | ond in my | opinion | | |
| | EXAMINER: CERTIFICATION ULD BE FOR DIRECTOR: , WITH THE: MARYLAND | | 1000 | | 17 | | | | | | | | |] | opinion | | |
| | AN SEE SEE | | death resulted from: Natural causes . Accident ., Suicide ., Homicide . Undetermined monner ., | | | | | | | | | | | | | | |
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| | AESTEN - | | SIGNATURE_ | Alva | | 10 | - | | M.DA | ssista | nt_MED | ICAL EXAM | INER | | NED | 7-13- | 85 |
| | NA A MAN | | EXAMINER'S | NAME 70 mm | M. Di | ivon | MD | | | 111 | Donn | St., I | 221+0 | M | n . | 21201 | |
| | ₹ D R E E | | EXAMINER'S'N (TYPE OR PRIN | T)AIII | 1 M. D. | LXOII, | M.D. | | ADDRE | SS | Permi . | St., 1 | balte | , P. | | 21201 | |
| | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR EUNERAL DIRECTE AFFER DEATH, WITH THE BALLIMORE, MARYLAI | 23a.Bl | JRIAL, CREMAT | ION, REMOVAL 2 | 36 DATE | | 23c. NAME | OF CEMETE | RY OR CRE | MATORY | 23d. LC | OCATION | | | OUNTY | | ATE |
| 07/84 | BD1786 | (5 | Buri | al | July 1 | 17.85 | Gard | ens of | Fai+ | h Com | | altimo | 200 (| | | ST | AIE |
| 07/84 25M | 012 | 24. FU | JNERAL DIRECT | or The Di | nnel F | uner | al Hom | os In | C | 25a. DAT | | REGISTRA | | GISTRAR' | Md S SIGNAT | URE | |
| | DHMH - 17 (VR A15 ME (5)) | 71 | 10 Rola | ir Rd. B | 2144- | ADDRESS | 41 1011 | 005 | | - | 111 4 | - 15 | | | | | |
| | (AV WID ME (D)) | 1 | TO DETA | II Nu. D | altimo | re, I | 4a. 21 | 206 | | | 111 1.1 | S 100E | Cuit | To The | 1.1 | Sec. 20 | |

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| i | 217 | 5 | 10 |

| | CEASED NAME FIRST | MIDOLE | | LAST | 20. DATE OF DEATH | MONTH | OAY YEAR | 26 HOUR |
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| | E OR PRINTI | 1 | | | | | | |
| 1 | Carrol | Alle | in | Noel | JULY | - | 19 85 | 12:35 |
| 3. SE | X | 4 RACE | 5. DATE C | H DAY YEAR | 6 AGE (IN YEARS LAST BIR | THOAY | MONTHS DAY | |
| | MALE | WHITE | MAR | CH 5 1925 | 60 | YRS | | |
| 7a Bl | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT CO | UNTRY? | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | . / |
| | VIRGINIA | a.S.A. | WIDOWE | | PALTIMO | OPE | (17 | V |
| 0,64 | ALTO. | 11. NAME OF HOSPITAL, | | PITAL | 12a USUAL OCCUPATION OF STATCHER | F WORKING L | IFE) INDUSTR | OF BUSINESS OF KING |
| 13a. S | AL RESIDENCE INF NURSING HOME OF | OTHER INSTITUTION GIVE RESIDEN TY 134 CITY (| OR TOWN | 134 INSIDE CITY LIMITS? | 130 SIREET ADDRESS / | ZIP COD | ONT > | (). 2109 |
| | ATHER'S NAME ARVEY M | MIOOLE NO. | EL | ANNIE ANNIE | ME WIDDLE | | CAR | ÑEAL . |
| Illa V | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCI | 16-4697 | Viola Roll | -56/ Ja | ilmi | untk | oderla |
| | 18 CAUSE OF DEATH (Enter of | | , (b), and (c). | , | | | APPRO | XIMATE INTERVAL |
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within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician TO HOSPITAL

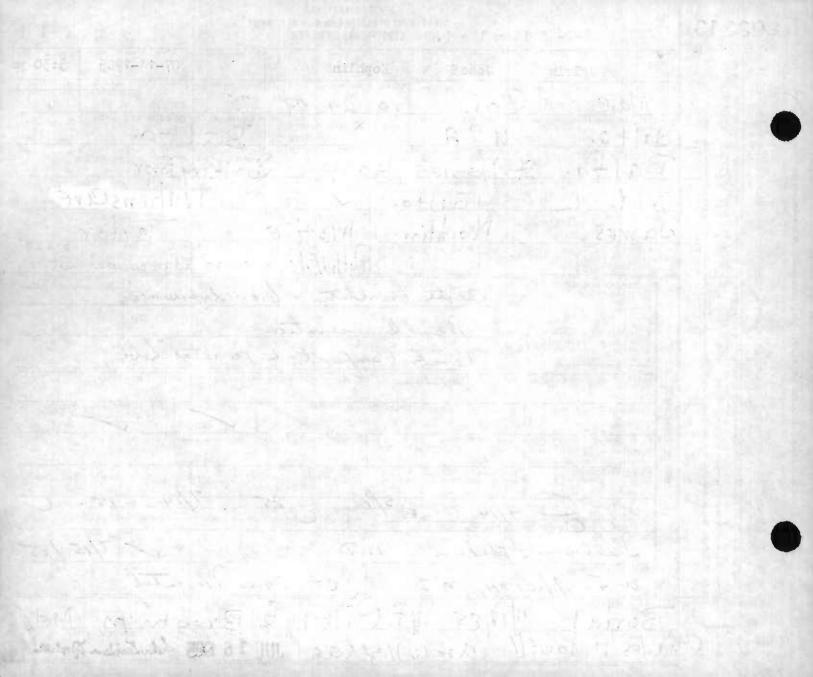
> DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

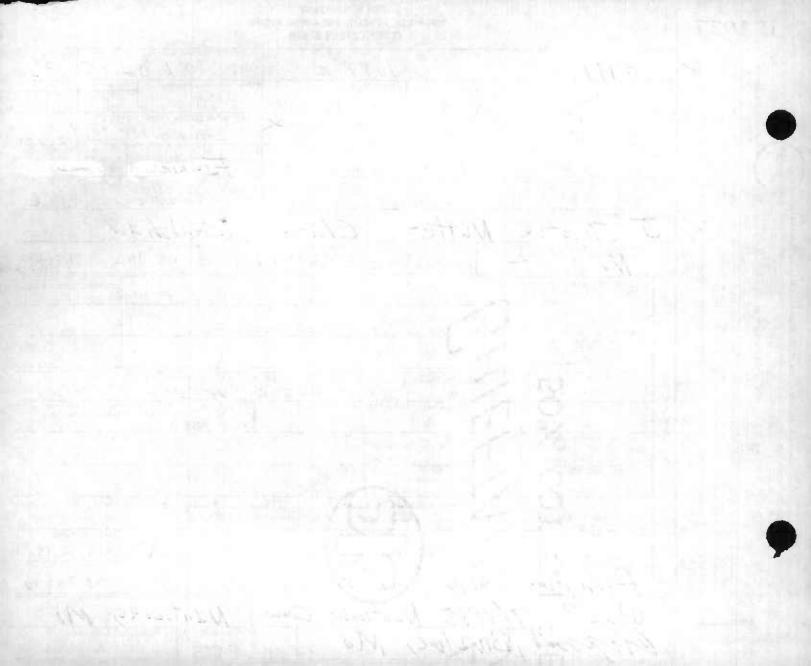
TO FUNERAL DIRECTOR: After this certificate has been signed by the milk should be detached for use as the burial-transit permit. Then please remarks with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

Lorent Balle Jones 217087 m was a second of the second o A Could be a substantial and a comment Vil Sharbin to up to bid.

| 203343 | 1- | FOR STATE REGISTRAR 8-2-85 | DEPAR 5 item 13e L.J | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE SREG. NO. | 190 | 2 1 |
|--|---------------|---|--|--|-------------------------------------|----------------------------------|-----------------------------------|
| noy be poge 3 or death | | CEASED NAME FIRST Calvin | Jone \$ | Nophlin | | 7-14-1985 | 3:30 pm |
| ge 4 moy | 3 SE) | Male | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR OF | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| deoth Po | B | RTHPLACE (STATE OR FOREIGN OUNTRY) | 16 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR | -0. | MD. |
| by the fulled with | 1 | 3al +o. | TIE NOT THE CHILITY, GIVE STRE | s Hosp. | 12a DSTAL OCCUPATION | | OF BUSINESS OR |
| in 24 hou y filled in should be | 7 | 71d, 136 COU | ROTHER INSTITUTION GIVE RESIDENCE BEF | WN 13d, INSIDE CITY LIMITS? | Same as | | 21229 |
| completel ond 2 s | 7 | THER'S NAME FIRST MES | MIDDLE NO PASS | S MOTHER'S MAIDEN NO. | ADDRES | Taylor | 2/229 |
| on ond or s. Poges | | | IVE WAR OR DATES) | Kuth M. No | 11 -1 | rewood | St |
| | | PART 1. DEATH WAS CAUS | inly one couse per line for (o), (b), ED BY. TE CAUSE (o) | bronchetic + 6 | ron clopne | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| deorth of the control | | Conditions, if ony, which gove rise to immediate | DUE TO, OR AS A DONSEG | the agrention | | 10 | |
| ed by pleose riol, c | | underlying couse lost. | DUE TO, OR AS CONSECTION OF THE CONDITIONS CONTRIBUTING TO | ral inferel, " | . panetal | | |
| been sign mit Then prior to bu | CATION | 190 DATE OF OPERATION | | CH OPERATION WAS PERFORMED | | 206. IF YES, WERE FINDING CAUSES | NGS USED |
| hysicion. Icote hos ronsit per Hygiene 18 shows | CERTIFICATION | 210, ACCIDENT WAS UNDERLYING | | DAY YEAR 21t. HOW INJURY OCCU | YES NO RRED (ENTER NATURE OF INJURY | YES | NO [] |
| PHYSICIA ending pl this certifice buriolitial Mentolitial | MEDICAL | OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED | . NIII. | 21f LOCATION | CITY OR TOW | N COUNTY | STATE |
| INDING of other week the Health or is marked | ~ | 4 | ottended the deceosed from | Cc / | 5.10 7/1 | | that (I) (we) ast |
| OR ATTE DIRECTO oched for Dept. of If them 21 | 1 | obove(I)/wei(did)/did n | of) view the body ofter death. | DEGREE ATTENDING | MEDICAL STAFF | 22c. DAYE | |
| O HOSPITAL O HOSPITAL TO FUNERAL hould be det with the Stote | | 22d. PHYSICIAN'S NAME (TYPE | ORPRINI) | 22e ADDRESS | DIRECTOR PHYSICIA | tel | 100 |
| BP Should MAN | 23a F | LIRIAL, CREMATION, REMOVA | | NAME OF CEMEZERY OF CREMATORY | 23d LOCATION TY OR TOWN | COUNTY | Maria |
| DHMH - 16 50M 4/8: (VRA 15, 4) | 24 FI | Ves T. Pou | ell 1206 | Worthas J | TE REC'D, BY REGISTRAR 2: | sto REGISTRAR'S SIGNAT | TURE Pandelle |
| | | | | | | | |



| | | STATE OF MARYLAND | |
|--|---------------|--|----|
| 151037 | 1. | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| W 47 May 20 | | REGISTRAR CERTIFICATE OF DEATH SPEG. NO. 1 9 0 4 4 | |
| ms / | | CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | |
| noy be | | Wille Nutter 010285 17A. | 4 |
| E Po | 3. SEX | A RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR ON UNDER 24 MRS. MONTH DAY YEAR MONTHS DAYS MOURS MINL | _ |
| 4 00 | | MALE BLACK 07 09 04 80 YRS. | |
| 8 24 KM | | RTHPLACE (STATE OF FREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED WINEVER WINEV | |
| XI IVY | | WIDOWED DIVORCED DACTION OF COLLY, ME | _ |
| 1 3 21 2/2 | 10. C1 | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (IF YELD OF WORKING LEE) INDUSTRY 127. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF YELD OF WORKING LEE) INDUSTRY 128. USUAL OCCUPATION (IF YELD OF WORKING LEE) INDUSTRY | |
| 0 1 1 1 | USUA | BALTIMORE SOUTH BALTO CONCOL HOP. TEMBER | - |
| AND THE PROPERTY OF THE PROPER | | Md 184 COUNTY A. 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. STREET ADDRESS / ZIP CODE BRANCH Rd GB. | |
| MARYL Industrial Industrial | 14 FA | J. FRIST Chester Nutter Clara Bible Johaw LAST | |
| ore, no correction of correcti | 160 V | VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | |
| TIMORE on ond o | 1 | YES. NO OF THE YES GIVE WAR OR DATES) 220687445 DR. ANA MARTIMEZ 3001 S. HANDLER ST, RAST | 23 |
| soperior ovol. | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: | _ |
| ST., | | IMMEDIATE CAUSE (0) Carded - grelmonay arrest | - |
| deoth ce ottendin nove corb | | DUE TO, OR AS A CONSEQUENCE OF | |
| RESTOR | | Conditions, if ony, which gove rise to immediate (b) As practical Ameliana | - |
| W.P | | couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. | |
| 201 s the | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | = |
| to bu | 20 | Senile Dementia, Seizule Disorder Hypertensia, ASCVD | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN. The low requires that the death certificate be executed with a contenting physician. After this certificate has been signed by the attending physician and complete as the buriol-trossit permit. Then please remove carbon papers. Pages 1-and 2 ith and Mental Hygiene prior to buriol, cremation, or removal. Orked or Item 18 shows any injury, or other froumatic event, the medical examples orked or Item 18 shows any injury, or other froumatic event, the medical examples. | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 LIF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO | - |
| ON OF VITAL HYSICIAN. The ding physicio is certificate h buriol-tronsit Mentol Hygie | ERT | 716, ACCIDENT WAS UNDERLYING 7 716 TIME OF INJURY 211, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | - |
| N OF VITA Ing physicia certificote wiel-tronsit Nentol Hygi | | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | |
| ONO HYSIC Inding Ins cer I Men or Ite | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION | - |
| VISIG G PH G PH onter the cond ked o | ME | WHILE NOT WHILE AT WORK AT WORK | |
| Aft Se of the Port | | 270 certify that (1) (this haspital) attended the deceased from area 27, 19 85, to July 2, 19 65, that (1) (we) los | - |
| TTEN priol TTEN TOR for u | | sow the deceased alive on the dote and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. | |
| OR ATT OR ATT DIRECTO sched fo Dept of fitem 21 | | 22. DATE SIGNED | |
| , E , D , T | | Che Man afactory AND ATTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN DIRECTOR DI | 5 |
| HOSPITAL inned by th FUNERAL wild be det h the Stote | | 226 PHASCIAN'S NAME (URLEWINN) 226 ADDRESS | |
| O HOSPITAL | | HAVA MARIA MARTINEZ 3601 S. HANOVERST., BALTO, Md 21230 | _ |
| | 23a B | BURIAL GREMATION, REMOVAL 236 DAY (SEE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIAL SEEDING CONTINUED CON | |
| BP | 21.5 | 00000 | _ |
| DHMH - 16 50M 4/83 (VRA 15, 4) | 24 FL | UNITAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE | |



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| DECEMBER NAME PART DATE OF BRITH PART | REGIST | TRAR | | CERTII | FICATE OF DEATH | 8 REG. N | 0. | 9 0 | 2 0 |
|--|----------------------|--------------------------|------------------------------------|---|-------------------------|---------------------------|----------------|----------------------|-----------------|
| The BRITHFIACE CLUME DAY DROWN OF DEATH COMMINSTORM OF DEATH CONTY OF TOWN CONTY OF | (THE OTHER) | | WIDDLE | 0 | AKES | July | | YEAR S | |
| MARRIED NEVER MARRIED MORCED MORC | 1 58X N | TALE | 11 | MONE | H DAY YEAR | 6. AGE (IN YEARS LAST BIR | MOI | | |
| Baltimore State Problem State | | | U5A | MARRIE | ED DIVORCED | Botte | Cit | 1 | MD. |
| Tables Name | Balt | imore / | IF NOT IN SUCH FACILITY, GIVE STRE | 200RESS) | HOSP | (TYPE OF WORK FOR MOST C | ION DF W | b KIND C INDUSTRY | OF BUSINESS OR |
| THE WAS DECEASED EVER IN U.S. ARMED PORCES? THE SOCIAL SECURITY NO. HE INFORMANT PASAGENA, MCDP21122 Linda L. Oakes Linda L. | 13a STAP | 2D ANNE | | 100000000000000000000000000000000000000 | YES NO | 800/201 | ZIP CODE | 11/1 | Md. 21122 |
| Linda L. Oakes Linda L. Oakes | V | THOSE | Daks | 25 | Linsia | - MIDDLE | 1 | Din | lon |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove file to immediate course in stating the orderlying course lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO REAT 1 TO | | | | URITY NO. | | adena, Mdora akes | 1122 Long | 1/5/ | 1 RD |
| Conditions of any, which the process of the process | II CAL | IT L DEATH WAS CAUSE | DBY: FRANZ | - | 1 Lban. | rafien | , | BETWEEN 3 | ONSET AND DEATH |
| DUE TO, OR AS A DISEQUENCE OF CONTRIBUTION OF AS A DISEQUENCE OF CONDITION GIVEN IN PART IO (c) PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IO (c) PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IO (c) PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IO (c) PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED (d) (d) PART OTHER SIGNIFICANT ON PART IO (e) PART OF OPPRATION (E) PART OF OPPRATION (E) PART OF OPPRATION (IN CERTIFYING CAUSES OF DEATH (IN CERTI | | | DUE TO, ORAS A CONSEQUENCE (16) | DENCE OF | REBARI 1 | bowende | RE | 7 | 2095 |
| DATEOFOR RATION CONDITION FOR WHICH OPERATION WAS PERFORMED 10 10 10 10 10 10 10 1 | couse. | to stating the | DUE TO, OR AS A CONSEQUE | bh) | nic Tun | non | | | |
| 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 PLACE OF INJURY (All MOME STREET FACTORY OFFICE FARM ETC.) 217 LOCATION STREET 218 TIME OF INJURY (All MOME STREET FACTORY OFFICE FARM ETC.) 219 LOCATION STREET 210 COUNTY STATE 210 PLACE OF INJURY (All MOME STREET FACTORY OFFICE FARM ETC.) 210 PLACE OF INJURY (All MOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 PLACE OF INJURY (All MOME STREET FACTORY OFFICE FARM ETC.) 217 LOCATION STREET 218 PLACE OF INJURY (All MOME STREET FACTORY OFFICE FARM ETC.) 219 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 218 LOCATION STRE | | OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | ainal disease or con | DITION GIVEN | IN PART 10 | 0 |
| P.M. 19 21e PLACE OF INJURY (AI HOME STREET FACTORY OFFICE FARM ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE THE CO | Z/A | 257/19/8 | STATABLERO | 3 PLA | formely o | STIS NOU | IN CERTIFYII | NG CAUSES | OF DEATH |
| The control of the late of the deceased from | THE RESERVE OF COMME | TRRUTING [] CAUSE OF DEA | HOUR A.M. MONTH [P.M. | | | | | | |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | at work | ALSONA STITLE | (AT HOME STREET FACTORY OFFICE | | STREET | CITY OR TO |)WN | C | |
| Walker James M) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/19/85 | toy | the deceased alive an | 7-19 10 | parties | Δ | deoth occurred on the d | ate and havr o | nd from the | couses stated |
| 220 APHYSICIAN'S NAME (TYPE OR POWIT) 220 APDRESS 4 MAN AS BOTH AS B | 0 | alker | Holemor | nn | ATTENDING PHYSICIAN | | | 7/ | 19/85 |
| MANAGER LINISHADON 1000 1000 1311 1916 1916 | 22d PH | ALKEN L | - BUBINS | on | 120 ADDRESS 4 | unu p | 500 | Brote | to, MD |

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Meadowridge Park

Elkridge

Howard

Md.

24 FUNERAL DIRECTOR

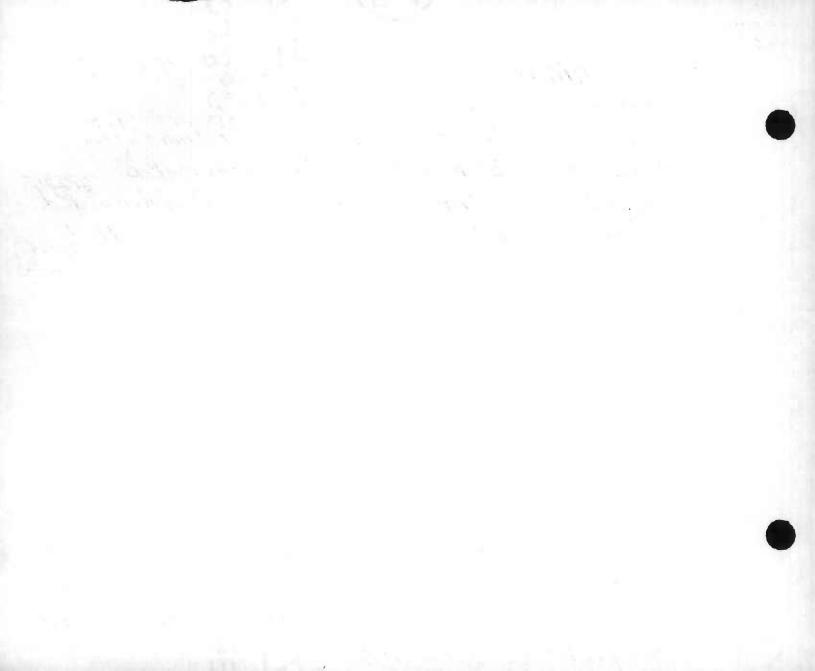
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Fink Glen Burnie, Md. 21061 Raymond C.

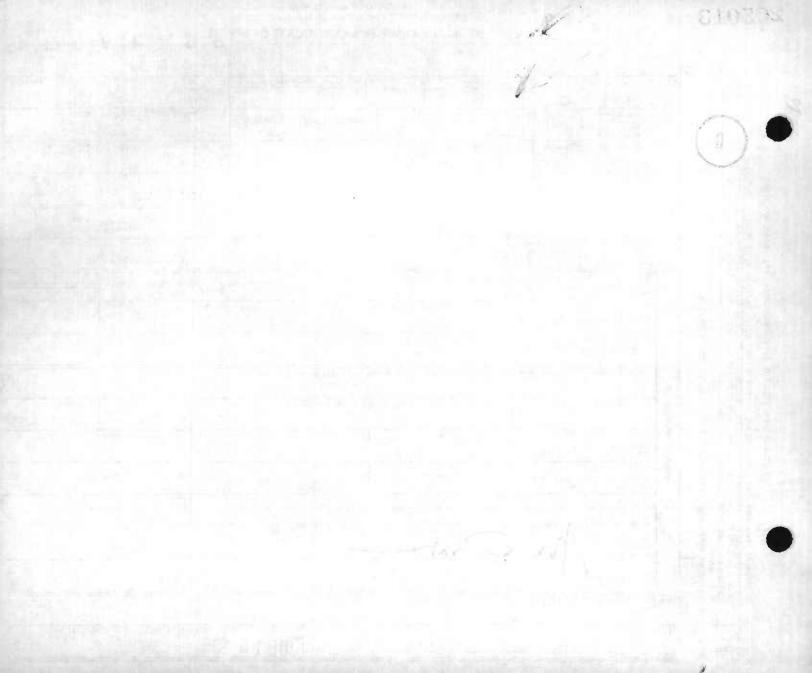
7/22/85

CRIFTE () LES 50 5 5 5 5 T 177 35 Revenue C. Flat Olea Duri levité 21011 PRESTON ST

DIVISION OF VIT



STATE OF MARYLAND 205013 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LTYPE OR PRINTS ESTI-KEVIN **ODOMS** DEATH MATED 1985 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR PRONOUNCED 11:15 18 66 6 19 DEAD MALE HAX 1985 Th CITIZEN OF WHAT COUNTRY? TA BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED . DIVORCED Baltimore City O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE SILDENT Baltimore University Hospital WITH FORM PM 3. RETAIN IIT PAGES I AND 2 SHOULD B. DIVISION OF WIAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13a STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 1827 KAVANAUCH ST MD BALITIMORE CITY YESX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDIE MIDDLE ERST COMS EVELYN BANKS JCHN 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 1827 KAVANALISH SI EVELYN BANKS NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Perforating qunshot wound of head (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES X NO . 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KANAONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10:15M. UNDERLYING PRIOR 7-17- 19 85 Subject shot. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21E LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE 21201 1400 blk. Fulton Ave., Balto, City MD street PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion Homicide X Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL 7-18-85 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY MD. STATE BALTIMORE CITY 7/23/85 ARBUIUS MEM. PARK BURIAL D7/84 BP 25M 250. DATE REC'D. BY REGISTRARE 256 REGISTRAR'S SIGNATURE S 24 FUNERAL DIRECTOR **DHMH - 17** E.L. PHILLIPS FUNERAL HOME 1721 N. MONROE ST (VR A15 ME (5))



| / 200305 | 1- | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | 10 10 E 1 | 9 6 9 6 |
|---|---------------|--|--|---|---|---|
| Was a second | | REGISTRAR 7-3]- | Dhilin Olimo | LAST | 8 5 REG. NO. 1 20. DATE OF DEATH MONTH 07-05-85 | DAY YEAR 26 HOUR |
| 1 8 | 0.05 | Walsh, | Philip Oliver | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Of 44 A | 3. SE | Male | White | 04" 07° 0'9 | 76 | MONTHS DAYS HOURS MIN |
| nerol din | C | RTHPLACE STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | City &X | Y OF DEATH |
| by the fu | Ba | alto. City | (IF NOT IN SUCH FACULTY, GIVE STREET GATGET | | 126 USUAL OCCUPATION (TYSanatation) | nkemous Balto. Cit |
| NND 212 | USU. 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW | I 13d. INSIDE CITY LIMITS? | 5209 Hilbur | n Ave. 21206 |
| MARYLAND red within 24 mpletely fille ond 2 should exchine my | | N/A | Arthur Walsh | 15. MOTHER'S MAIDEN NAM | A MIDDLE | LAST |
| BALTIMORE, cote be execut on ond copers. Pages wol. | 16a V | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES WIN) | THE CONCES? 166 SOCIAL SECULAR | | cords | |
| * # 4 0 0 a | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), an | Carolina | anno | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| W, PRESTON ST the death certion the ottending pre remove carbon cremotion, or ren ther troumotic ev | | Conditions, if any, which | DUE TO, OR AS A CONSEQU | ENCE OF Resument | anhithini | yen |
| | | gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS ACONSEQU | | isan | Genn |
| original of | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | IVEN INPART 1(0) |
| SIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. fer this certificate has been sig. ss the buriol-tronsit permit. Then hand Memtal Hygiene prior to b hand Memtal B shows any injury | CERTIFICATION | 19a. DATE OF PERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\subseteq \) NO \(\subseteq \) |
| ON OF VITA TYSICIAN: Til ding physicia is certificate buriol-tronsil Mental Hygin | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. | HOUR A.M. MONTH D | AY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18. | PART I OR PART 2) |
| G PHYSION of the purity of the buring ond Mei wed or the | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| TTENDING pitol or or TOR: Affer for use as of Health of | | 22a.1 certify that (1) (this hosp saw the deceased alive or | | 6 10 19 87 , and that in (my) (awr) apinion of | , ta | , 19 , that (I) (we) last |
| OR A bosh or hose or hose or hose or hose or head bept. | | 27h SIGNATURE | Be all | DEGREE ATTENDING PHYSICIAN F | MEDICAL STAFF | 221. DATE SIGNED |
| HOSPIII ned b FUNER old be trhe St | | 224. PHYSICIAN'S NAME (TYPE C | PR PRINT) | 22e ADDRESS | DIRECTOR PHYSICIAN | 11) 181 |
| Topar 100 100 100 100 100 100 100 100 100 10 | 230 E | BURIAL, CREMATION, REMOVAL SPEC#Y) Burial | -1-1 | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| DHMH-16 60M 1/73 | 24 FL | JNERAL DIRECTOR | ., , , | ost Holy Rodeemer | | TYLAND |
| (VR A 15 (4)) | Le | onard J. Ruck, | Inc. 5305 Harfo | rd Road 21214 | 0.5 1085 | who a fire-wholes |

dia . adfini como contlodina TOUR SERVICE LYS. 21200 TITLE OF THE SECOND SEC

Leonard J. Buck, Inc. 5305 sarderd land 2001a where we have

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 8 5 _{REG. NO.} | 9 | 5 | 2 | 1 |
|---|---------|--------|----------|--------|
| July 10, 198 | 5 | YEAR | 2b HOU | JR A |
| 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| 69 YRS | MONIHS. | DAYS | HOURS | MIN. |
| 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | |
| Baltimore City | , | | 1,95 | M |
| 10 1/01/11 0 0 0 // 0 1 0 / 0 / 0 / 0 / | | | | |

| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Jame | es P. O'Neill, Jr. | LAST | July 10, 19 | | IOUR A |
|-----|--|--|--------------------------------------|---|--|----------|
| 100 | 3. SEX M A BIRTHPLACE (STATE OR FOREIGN COUNTRY Md. | W Aug | ust 15, '15 | 6 AGE (IN YEARS LAST BIRTHDAY) 69 9 BALTIMORE CITY OR COUR Baltimore City | MONTHS DAYS HOU S NTY OF DEATH | RS MIN. |
| 7 | No city or fown of death Baltimore | 11. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCHSACIULY, GIVE STREET ADDRESS) 321 Gittings Av | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN V. Pres. | 12b. KIND OF BUS INDUSTRY Clothing | INESS OR |
| | Md. | Baltimore | 13d INSIDE CITY LIMITS? YES [X] NO [| 321 Gittings | Ave. 21 | 212 |
| 3 | James | P. O'Neill | FIRST | ary Ann McGreev | y LAST | |
| 1 | 160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) Yes WW | E WAR OR DATES | Mrs. Winifred | ADDRESS 1 W. O'Neill 3 | 21 Gittings | |
| | Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF | - Jah M | 7 | 14 14 | |
| 1 | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BU | | 20a AUTOPSY? 20b. IF | YES, WERE FINDINGS (RTIFYING CAUSES OF D | |
| | OR COMPRESSION CAUSE OF DEA | TH HOUR A.M. MONTH DAY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART 2) | |
| | OR CONTINEUTING CAUSE OF DEA | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | saw the deceased alive an above, (I) (we) (did) (did not | at all attended the deceased from 19 11 years the bady after death. | | death occurred on the date and | | s stated |
| | 22b. SIGNATURE | gul | ATTENDING PHYSICIAN | MEDICAL STAFF | 7/11/8 | - |

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Althor A Serpick 7620 Youll Rd 13-14 40 230. 8URIAL, CREMATION, REMOVAL 23b. DATE (SPECKY) 7/ 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7/11/85 Green Mount Cem. Baltimore, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

nould be detach ith the State De

MPORTANT

MITCHELL-WIEDEFELD HOME, INC.

24 FUNERAL DIRECTOR

6500 York Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The Laydson Randall

21200

STATE

.= .11, .=. 101olinor - v - tita - v - 111 il tree or the time things, i.

| / 1 | | | | | | STAT | E OF MARYLAND | | | | | |
|--|----------------|--|-------------|--------------------|----------------------|----------------|-----------------------------|-----------------|-----------------------|---------------|------------|-----------------------|
| 1/ | 1. | FOR STATE | | | DEPA | | EALTH AND MENTAL H | YGIENE | | | 7 | -) 0 |
| X213010 | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 | REG. NO. | 1 4 | 0 | 20 |
| | | EASED NAME | FIRST | | W.COM | ı | AST | 20 DATE O | | TH DAY | YE AR | 26 HOUR |
| A pe | (i ver | - te | valta | 25 | | Onk | 1525 | | 7 | 26 | 85 | 2:47 AM |
| (of 80 7 | A-667 | | | 4 RACE | | | OF BIRTH | 6. AGE (IN | YEARS LAST BIRTHDAY | (MON) | NDER TYEAR | IF UNDER 24 HRS |
| 4 000 | 1 | Malo | | Cau | casion | Ap | cil 13. 19 | 14 | 71 | YRS. | DATS | MIN. |
| o 4 4 4 | | CIMPLACE (STATE OR FO | DREIGN | 76 CITIZEN OF | WHAT COUNT | PY2 8 | NEVER MARRIED | 9 BALTIMO | RE CITY OR CO | OUNTY OF | DEATH | |
| n 720 | | MARYLAND | | U. | S.A. | WIDOWE | | | Ball | hmo. | -e (| CITY, MD. |
| 2// | 10. CI | TY OR TOWN OF DEAT | TH / | 11, NAME OF | | RSING HOME C | OR OTHER INSTITUTION | | OCCUPATION | | 126 KIND C | OF BUSINESS OR |
| of led to | 1 | BALTIMOR | E / | | INAII F | | AL | | PENTER | | | TRUCTION |
| 212 | USU/ 13e. S | L RESIDENCE (IF NURSIF | NG HOME OR | OTHER INSTITUTION | N. GIVE RESIDENCE BE | | 13d INSIDE CITY LIMITS? | | ADDRESS / ZIP | | | |
| S 4 5 5 | | RYLAND | BAL | TIMORE | 212 | 234 | YES NO X | 86 | 42 QUEI | NITH | AVE | . 21234 |
| tely 2 sh | 14. FA | THER'S NAME | | MIDDLE | 1257 | | 15. MOTHER'S MAIDEN | | WIDDLE | | 1.44 | |
| MAM baland | 1 | FRANK | | MIDDLE | ONHEI | SER | JOSE | PHINE | WIDDLE | | MISI | KEVES |
| RE CONTRACTOR | | AS DECEASED EVER | | | 166 SOCIALS | ECURITY NO. | 17 INFORMANT | | ADDRESS | Let | | |
| BALTIMORE, be execution and coopers. Page multiple of the coopers of the cooper | (| YES | W.W | • TT | 264-09 | -2622 | VERA L. O | NHEISE | R BALT | IMOR | E, MI | D 21234 |
| ALT | | 18 CAUSE OF DEATH | (Enter on) | y one couse pe | er line for (a), (b) | , and ici | 0 | 77-1 | | | | ONSET AND DEATH |
| 1 1 | | PART I. DEATH WA | | BY: E CAUSE (o) | Muscan | diel W | starction | | EXT | | .3 | hours |
| PRESTON ST., | | | | | OR AS A CONSE | QUENCE OF | | | 0 | | | |
| SST On mo | | Conditions, if ony, | which | (1b)_ | Sus | pectel | Pulmenary En | nbolism | | | 41 | hous |
| PR T T T T T T T T T T T T T T T T T T T | | gove rise to imm couse (a), stating | | DUETO | OR AS A CONSE | V | | | | | 3 1 | Y CALL |
| 1 W by ose oth | | underlying couse | lost. | (c) | AL ACOTTOL | GOLINCE OF | | | | | | |
| n ple burid burid | | PART 2 OTHER SIGN | IFICANT C | ONDITIONS | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEAS | SE OR CONDITIO | ON, GIVEN | IN PART I | 01 |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir cartending physician. After this certificate has been signs as the burial-transit permit. There the and Mental Hygiene prior to be the ond Mental Hygiene prior to be orked or Item 18 shows any injury | CERTIFICATION | Severe AS | CVD | SIPC | ABG) | Let | t Inguinal H | emior | aphy - | 7 24 | | |
| ony ony | CAT | 190 DATE OF OPERAT | ION | 19b. CONI | DITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 20a AUT | | | ERE FINDIN | NGS USED OF DEATH? |
| ALR ion. | TIF | 7/24/8 | 5 | luca | scerate | left i | somal hein | LA YES | NO | YES [| | NO X |
| VITA Nysicii I Nysicii I Nysicii I Nysicii I Nysicii I Nysicii | Ü | OR CONTRIBUTING | | 110110 | OF INJURY | DAY YEAR | THOW INJURY OCC | URRED (ENTER N | ATURE OF INJURY IN IT | TEM 18 PART I | OR PART 2] | In Link |
| OF B B B B B B B B B B B B B B B B B B B | CAL | (# EITHER, NOTHY MEDIC | | In . | P.M. | 19 | | | | | | |
| HYS ndin d Me lor b | MEDICAL | 21d. INJURY OCCURR | ED | | E OF INJURY | ICE FARM FIC) | 211. LOCATION STREET | | CITY OR TOWN | | COUNTY | STATE |
| IVIS orter orter orter orter orter | 2 | AT WORK NOT WHE | LE . | | | 1 | | | | | | |
| NOT | М | 22a I certify that (1) | | - | | | 19_8 | T | 7/26 | , 19_ | | that (I) (we) lost |
| Spito CTO I for | | sow the decease, obove, (1) we) (d | d glive on, |) view the bod | y ofter death. | 9_85.0 | nd that in (my) (our) opini | on death occurr | ed on the dote o | nd hour on | d from the | couses stated |
| OR ATT | | 276. SIGNATURE | 5 1 | MARKET | STORY. | | DEGREE | MEDICAL | CTACE | | 22c DATE | SIGNED |
| 4 = 4 = 5 = 1 | | KH | Sil | whe | 5- m | > | ATTENDING PHYSICIAN | | STAFF PHYSICIAN | | 7/ | 26/85 |
| HOSPITA bined by FUNERA Sould be de th the Stot | | 224 PHYSICIAN'S NA | ME (TYPE OF | RPRINTT | | | 22e. ADDRESS | . / | 0 | | | |
| TO HOSPIT. TO FUNER, should be downth the Sto | | Pona | 1d H | · Johu | ster | | Sina | i Hosp. | tal | | | |
| 7 6 F 2 3 ₹ | 23a. E | URIAL, CREMATION, E | REMOVAL | 23b. DATE | | 23c. NAME OF C | EMETERY OR CREMATOR | Y 23d. LOC | ATION Y OR TOWN | co | OUNTY | STATE |
| BP | | BURIAL | | JULY | 29, 18 | DULA | NEY VALLEY | MEM.G | AR. BAJ | LTIMO | ORE (| |
| DHMH - 16 50M 4/83 | 24. FI | INERAL DIRECTOR | | | ADDRE | 55 | 25a. C | ATE REC'D. BY | REGISTRAR 256 | | | |
| (VRA 15, 4) | WI | LLIAM E. | JOH | NSON8 | | CH RAV | EN BLVD. | JUL 29 | 1985 | Ma dai | Hdon- | Pandelle |

Returned S rectar . The filtricus of the same of the Manda well to the survey of th Total med I was to have a see the The same of the sa they, as sometimes, they are a part to see an area THE REAL PROPERTY OF THE PROPE

STATE OF MARYLAND

DEPARTMENT CE

| OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH | IENE 8 | REG. N | 10. | 9 | É |
|--|-----------|--------|-------|-----|-----|
| LAST | 20 DATE C | FDEATH | MONTH | DAY | YEA |
| elt | Jul | 4 / | 7. / | 985 | |

(TYPE OR PRINT) Margareta (Gretel) 3. SEX Female

5 DATE OF BIRTH

BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

To. BIRTHPLACE ISTATE OR FOREIGN Germany

MARRIED NEVER MARRIED WIDOWEDXX

76 CITIZEN OF WHAT COUNTRY?

DIVORCED

Baltimore Retired

12b. KIND OF BUSINESS OR Housework

Baltimore

NURSING HOME OR OTHER INSTITUTION

Mercy Hospital

YES XX NO [IS MOTHER'S MAIDEN NAME

Anna

3 STREET ADDRESS / ZIP CODE South East Avenue 21224

Frhardt

FOR

REGISTRAR DECEASED NAME

- STATE

Bayer

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Marie Eikenberg 951 Rosedale Ave. 21237

| 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|--|---|
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) and coscletate Common arter Duces | 1 104. |
| DUE TO, OR AS A CONSEQUENCE OF | |
| Conditions, if ony, which gove rise to immediate | |
| couse (o), stating the underlying cause lost | |
| (c) | |

200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

CITY OF TOWN

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

sow the deceased alive an

HOUR AM. MONTH DAY

YEAR 211. LOCATION

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE

and that in (my) (auc) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE

220.1 certify that (1) (the hospital) attended the deceased from

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

ROWA LEWSKI

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Buria

CERTIFICATION

MEDICAL

STATE

Thantes S. Zeiler & Son Inc. 901 S. Conkling St.

DHMH - 16 60M 7/84 (VRA 15, 4)

well - Valent with the second of the second

Circle Land Company of the Miles of the Company of

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

(VRA 15, 4)

The state of the s The latest the state of the sta AND THE PARTY OF T therefore the more of the Parents 744/85

7/18/85

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

20 DATE OF DEATH

2b HOUR

REG. NO

MONTH

DAY 16 85

IF UNDER 1 YEAR

2.007 M IF UNUER 24 HRS

12b. KIND OF BUSINESS OR

INDUSTRY

21202

LAST

Bowen

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

YES

COUNTY

STATE

22c DATE SIGNED

COUNTY

Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Hubbard Funeral Home, Inc.

Burial

FOR

1. DECEASED NAME

REGISTRAR

- STATE

205069

24 FUNERAL DIRECTOR NAME

ADDRESS 4107 Wilkens Avenue

21229

Baltimore Natl. Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore



(VRA 15, 4)

hours offer death

| 1 | | 500 | | | | | OF MARYLAND | | Psa | | | | | |
|------|---------------|---------------------------------------|----------------|----------------|-------------------------|------------|------------------------|-----------|-------------------|--------------|--------------|--------------|-------------------------------------|-----|
| - | 1- | FOR STATE REGISTRAR | | | DEPART | | ICATE OF DEAT | | 0 5 | G. NO. | 9 | 6 | 3 4 | |
| - | | OR PRINT) | FIRST | | AIDDLE | | AST | | 20. DATE OF DEA | TH MON | TH DAY | YEAR | 26 HOUR | |
| | | | elone | 25 | R. | Osu | vald | - | 7-2 | 4 - | 85 | | 3:20p | M |
| , | 3 SEX | - | 4. F | RACE | | 5. DATE C | | YEAR | 6 AGE (IN YEARS | AST BIRTHDA | Y) IF U | INDER I YEAR | IF UNDER 24 HRS | _ |
| | - | - | | S | | 3 | | 39 | 46 | | YRS. | DATS | THOUSE MIN | |
| - | | RTHPLACE (STATE OF FOR | IGN 7b. | CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARR | urn 🗆 | 9 BALTIMORE C | ITY OR CO | OUNTY OF | DEATH | | Т |
| 5 | (| MM) | | MS | A | WIDOWE | | _ | Ba | Himo | SAC | | M | ND. |
| W. | 10 CI | Y OR TOWN OF DEATH | 11. | | | IG HOME C | OR OTHER INSTITUT | ION | 12a USUAL OCC | | | | OF BUSINESS O | - |
| 1 | B | altimore | | (IF NOT IN SUC | H FACILITY, GIVE STREET | OI tel | of Rolling | 210 | HOSE CA | | | INDUSTRY | th cane | ٥. |
| | | L RESIDENCE IN NURSING | | ER INSTITUTION | GIVE RESIDENCE BEFORE | | 3477 | | | | | 110011 | | |
| | 13a. S | M D | 6. COUNTY | 240 | Baltima | | 13d. INSIDE CITY LI | _ | 3614 G | RESS / ZIF | CODE | -UMP 13 | 21215 | - 6 |
| 4 | 14 FA | THER'S NAME | 361111 | חטונ | 041/1/40 | - | 15 MOTHER'S MA | | | | 01111 | | 01013 | _ |
| 2 | | FIR-1 | MUDI | DIE | LAST | | FIRST | | | DLE | | Pol: | 12, | |
| 1 | 16a. W | AS DECEASED EVER IN | U.S. ARMFI | D FORCES? | 16h SOCIAL SECL | IRITY NO | 17 INFORMANT | 4 | | DDRESS | | rugin | SON | _ |
| | | ES NO OR UNKNOWN) | IF YES, GIVE W | | 220-36- | | 0 - | | | | 1 | - 100.0 | 2 | |
| | | No | | | | | Rusus | (15 W | <u> </u> | 614 | (m | APPRO | XIMAYE INTERVAL | _ |
| | | PART I. DEATH WAS | | | line for (a), (b), an | d (c).) | 0 100 | | | | | BETWEEN | XIMATE INTERVAL LONSET AND DEATH | _ |
| | | IM | MEDIATE C | AUSE (0) | Sybara | chasic | x remorr | nase | | - | | 2 | days | _ |
| | | | | DUE TO, O | R AS A CONSEQUE | ENCE OF | | | | | | | | |
| ı | 1 | Conditions, if any, w | | (b) | | | | | | - | | | | _ |
| Ħ | | cause (a), stating | | DUE TO, OI | R AS A CONSEQUE | ENCE OF | | | | | | | | |
| | | underlying couse | 1051. | (c) | | | | | | | | | | |
| | 7 | PART 2 OTHER SIGNIF | ICANT CON | NDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO 1 | THE TERM | INAL DISEASE OR | CONDITIO | ON GIVEN | IN PART 1 | 10. | |
| | CERTIFICATION | | | | | | | | | | | | | |
| | 5 0 | 19a. DATE OF OPERATIO | N | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORME | D | 200 AUTOPSY | | | | INGS USED S OF DEATH? | |
| | E | | | | | | | | YES NO | | YES [| | NO D | |
| 1 | Ü | OR CONTRIBUTING TO CAU | | HOUR A. | | AY YEAR | 21c. HOW INJURY | OCCUR | RED (ENTER NATURE | OF INJURY IN | ITEM IB PART | I OR PART 2) | | |
| 1000 | SPI | (IF EITHER, NOTIFY MEDICAL | | Р., | M. | 19 | | | | | | | | |
| | MEDICAL | 214. INJURY OCCURRED | | 21e. PLACE | OF INJURY | FARM FTC) | 211 LOCATION STREET | | CIT | Y OR TOWN | | COUNTY | STATE | |
| | 2 | AT WORK ON AT WORK | | | | , , , , , | a necesitai | | | , | | | | |
| П | | 22a 1 certify that (I) (th | is hospitol) | ottended the | | 7/2 | 3, 19 | 8.5 | | 124 | , 19_ | 87 | , that (I) (we) la | st |
| | 0.7 | sow the deceased obove, (1) Iwe) (did | olive on | 7 /2 = | | 857.01 | nd that in (my) (our) | opinion o | death occurred on | the date of | and hour or | nd from the | e couses stoted | |
| | | 276. SIGNATURE | 2 | 1/7 | . /2 | | DEGREE (12 | esiDe | | | 5- | 22c DAT | ESIGNED | |
| | 100 | Lo | best | 4-72 | of MD | | | ICIAN [| MEDICAL" | STAFF | 9 | 7/2 | 4/85 | |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: Afre should be detoched for use os with the Stote Dept, of Health MPORTANT: If Hem 21 is

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 7/29/85

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Hospital

t Owings Mills, Garrison Forest Vet

24 FUNERAL DIRECTOR

1101 E. North Ave. Wm C March F/H

Entel, MD

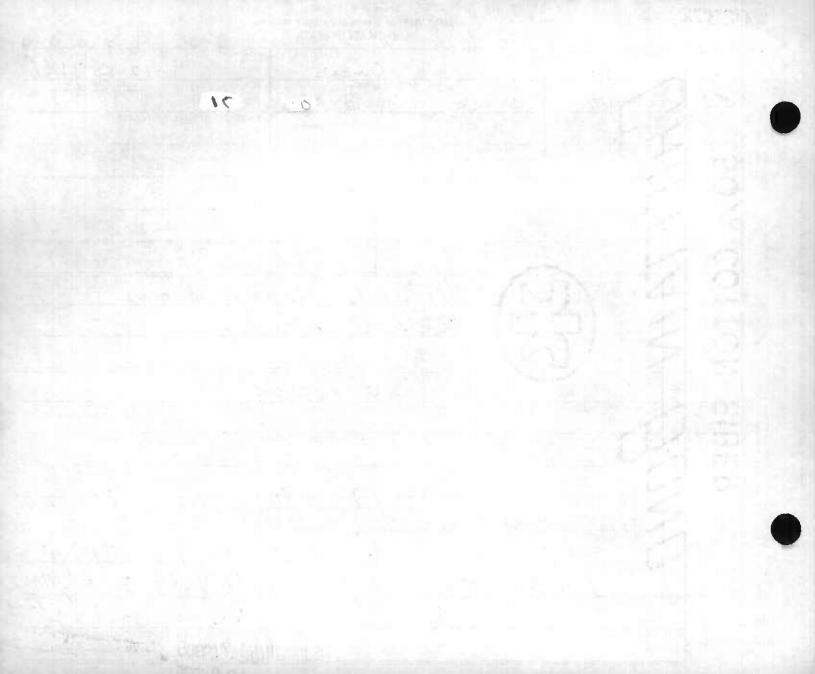


| | | | | STATE OF MARYLAND | | |
|--|---------------|--|--|--------------------------------------|--------------------------------------|---|
| 001001 | ١, | FOR | DEPA | RTMENT OF HEALTH AND MENTAL HY | GIENE | |
| 221001 | 1 | STATE REGISTRAR | | CERTIFICATE OF DEATH | Q .L. | 10675 |
| | LDE | CEASED NAME FIRST | WIDDLE | IAST | RESINO. | DAY YEAR 25 HOUR |
| W = 7/ | | OR PRINT) | 1 | | THE DATE OF DEATH | Za. HOUR |
| moy be page 3 | | Edu | avel | Owens | 1/3/185 | 13:32 PM |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 3 SE | X | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 00 | - | M | R | MONTH DAY YEAR | 77 | MONTHS DAYS HOURS MIN. |
| Pog direct | 7- D | IDTHDI ACE | THE CITIZEN OF WHAT COUNTY | | YRS | |
| 2 bd 2 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNT | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| - De | Ma | ryland | 4.5.4 | WIDOWED DIVORCED | Baltimore | 2 CITY MD |
| of the for | 10 C | ITY OR TOWN OF DEATH | | RSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| - 40 4p | D | - 1 tin 000 | (IF NOT IN SUCH FACILITY, GIVE ST | REET ADDRESS) | (TYPE OF WORK FOR MOST OF WORKING | GUFELLINDUSTRY |
| 120 urs | USU | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE DESIDENCE BE | EDGE ADMISSIONII | | |
| ded by | | STATE / 136 COUR | | | 13e.STREET ADDRESS / ZIP CO | DE 1 /17/3 |
| N 2 | 1 | Md. Ke | Hicerra Bal | HUNDRE YES NO [| 20 Gorman | Ave |
| Zash | 14. Fz | ATHER'S NAME | | 15 MOTHER'S MAIDEN N | | |
| MARYI npletel ond 2 :- | | T PST | MIDDLE | FIRST | WIDDIE | Vohason |
| N. 5 | 160.3 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIALS | ECURITY NO. 17 INFORMANT | ADDRESS | VOKASOS |
| BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vysicion and completely filled in by vopers. Pages fand 2 should be fill ovol. in the medical expanse must be in | | | /E WAR OR DATES) | C / | | |
| n and in medii | | | 718-10 | 0-571/3 Chai | | |
| ALI ALI | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (a), (b) | , and (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DE ATH WAS CAUSE | D BY. // | t | | |
| ng ng rert | | IMMEDIA | TE CAUSE (0) | oxia | | |
| ON ith correction of ith or in original | | | DUE TO, OR AS A CONSE | QUENCE OF | 1: | 700 |
| dec dec otte | | Conditions, if ony, which | (1b) Pal | monary embi | 1115m | - nin |
| PR he mo | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE | OHENCE OF | | |
| by yes | | underlying couse last. | Par | am. lie lie | | 4 ms 15 |
| 201 s th | | DART O OTHER CICAMERCANIT | 167 | | UNITED SECTION OF COMPUTED AND | Charles and Carlot a |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ORD PHYSICIAN: The law requires that the death certificate has been signed by the attending parter this carrifactor been signed by the attending past the buriol-transit permit. Then please remove corban the not Americal Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other traumatic expected or them 18 shows any injury, or other traumatic expected. | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MIN AL DISEASE OR CONDITION (| SIVEN IN PART TIO |
| Par reprint | CERTIFICATION | 5015 | (arrhythu | nices) | | |
| ECC Ow | 13 | 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| the l | = | Market March 12 | | | YES NO. | YES NO |
| VII Y Sicore core core core whyging Hygin | 1 % | 210 ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM | 18 PART (OR PART 2) |
| Par Physical Property of the Party of the Pa | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| N Sicon Certification of the Sicon Certification | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | |
| PHY PHY tendi the bind and w | E E | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF | ICE FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| No oth | 1 | AT WORK NOT WHILE | | | / | |
| DIN Or or mo | | 22a I certify that (I) (this hosp | ital) attended the deceased fro | m 7/18/55 19 | | |
| TEN TOR FILES | | saw the deceased alive on | 2:25 PH | 9 85, and that in (my) (our) apinior | death occurred on the date and h | nour and from the causes stated |
| A AT OSP | | 22b. SIGNATURE | t) view the body ofter death. | DEGREE | | 22c. DATE SIGNED |
| OR OR Porche | | 11. SIGNATOR - Q | 10 . 0 | ATTENDING | MEDICAL STAFF | INC DATE SIGNED |
| Al Hall | | will X | cestion | PHYSICIAN | DIRECTOR PHYSICIAN | 7/3//85 |
| HOSPITAL ined by the FUNERAL vid be det of the State | | 220 PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | 1 . 0 | , |
| O HOSP etoined by Should be with the S | | Julie (a | orchon 1 | 10 670517 | able les | -+ |
| should with the | 22- | 1 2110 | Tab DATE | 2. NAME OF CEMETERY OF CO. | 123d LOCATION | -1. |
| | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | Arbutus Memorial Par | | COUNTY Maryland |
| BP | | | 0-3-03 | | | |
| DHMH - 16 50M 4/B3 | | UNERAL DIRECTOR | | 25a. DA | TE REC'D. BY REGISTRAR 256 REG | ISTRAR'S SIGNATURE |
| (VRA 15, 4) | Ba | iley-Douglass F | uneral Home 73 | 78 Calhoun St. Al | GA TOPER TOPE | Burdson- |
| | | | | | | |

STATE OF MARYLAND

| 203377 | P. | | | | | | E OF MARYLAND | | | | | |
|--|---------------|---------------------------------------|-----------------|---------------------|----------------|--------------------|--|--------------|-------------------------|------------------|----------------------------------|-------------------------------|
| ACTION OF P | | FOR STATE | | | DEP | | HEALTH AND MEN | | IENE | | | |
| | | REGISTRAR | | | 27 Year | | ICATE OF DEA | IH | 8 REG | | 9 6 | 30 |
| . r£ | | CEASED NAME | FIRST | M | IDDLE | | LAST | F-TO | 20. DATE OF DEATH | HINOM | | Th HOUR |
| 000 | 2.05 | | hEL. | BACE. | 1000 | (|) WENS | | 1.405 | | 2-85 | 5:13 M |
| # 8 H | 3. SE | - | 1 | RACE | , | 5. DATE | | YEAR | 6 AGE (IN YEARS LAST B | RTHDAY) | | IF UNDER 24 HRS HOURS MIN. |
| 900 | 2 0 | LEWALE | | | ck | 7 | - 22 - | 3 | 71 | YRS | | |
| once. | | IRTHPLACE (STATE OR F | OREIGN 7b | CITIZEN OF W | | MARRIE | D NEVER MAR | RIED 🗆 | 9 BALTIMORE CITY | OR COUNTY | OFDEATH | |
| de de | 10.0 | S.C. | Yu 111 | | SA OSBITAL NII | WIDOW | DR OTHER INSTITU | CED [| Baltimore | | THE MAIN OF | MD. BUSINESS OR |
| the fulled with the f | | Baltimore | | (IF NOT IN SUCH | FACILITY, GIVE | STREET ADDRESS) | | 11014 | (TYPE OF WORK FOR MOST | | | BOSINESS OK |
| ours in by | | AL RESIDENCE (IF NURS | ING HOME OF OTI | BON 5 | ecour | Hospita | 1 | | | | | |
| lled h | 13a. | STATE MD | 136 COUNTY | | 13c CITY OR | TOWN | 134. INSIDE CITY I | | 13e.STREET ADDRESS | | | |
| tely fill | 14 F. | ATHER'S NAME | | | Balti | more | 15. MOTHER'S MA | AIDEN NAM | 2003 W. Le | xingto | on St. 2 | 1223 |
| ond 2 | | FIRST | MID | DLE | LAST | 1 | Dora | | WIDDLE | 30 | ohnson | |
| | 16a \ | WAS DECEASED EVER | IN U.S. ARME | D FORCES? | 16b SOCIAL | SECURITY NO. | 17 INFORMANT | | ADDF | | 71113011 | |
| ond co | (| NO OR UNKNOWN) | (IF YES, GIVE W | | | -1315A | CONTRACTOR AND ADDRESS OF THE PARTY OF THE P | Rufus | Owens 212 | 0 Tuck | ker Lane | |
| rs. | | LIR CALISE OF DEATH | H /Enter noly / | | | | 1 | 7 | 1 | 2 1 | | ATE INTERVAL |
| 1, 100 | | 18. CAUSE OF DEAT PART I. DEATH W | AS CAUSED E | | 1/1 | which | ulur | tau | lucars | in | BETWEEN ON | SET AND DEATH |
| 000 | | | IMMEDIATE | DISC TO OR | 10 1000 | poutrice be | 0 | 1 | 11 | | | |
| Pil | | Canditians, if any, | which | (b) | B | Vale | as p | 120 | tee | | | |
| | 1 | gave rise to imm couse (a), statin | nediote | DUE TO OR | AS A COMS | FORMADON | | | | | | |
| 4 6 6 6 | 2 | underlying cause | last | 10_ | C | MD | | | | | | |
| du d | | PART 2 OTHER SIGN | VIFICANT COL | NDITIONS CO | NTRIBUTING | TO DEATH BUT | NO RELATED TO | THE TERMI | INAL DISEASE OR COM | NDITION GIV | EN IN PART 110 | |
| g 41 9 4 | CERTIFICATION | and | NO 80 | cero | De | 1sca | y Ou | | re . | | | |
| 4 4 4 6 6 | FICA | 190 DATE OF OPERAT | ION | 19b. CONDIT | ION FOR W | HICH OPERATIO | N WAS PERFORME | ED | 20a AUTOPSY? | 10b. IF YES | S, WERE FINDING YING CAUSES O | SS USED OF DEATH? |
| 20 110 8 | ERTI | 21g. ACCIDENT WAS UND | ERIVING [] | 21b. TIME OF | INTRIDY | | 21. HOW INTUIN | V OCCUPE | YES NO | | S | NO 🗌 |
| 44 99 44 | | OR CONTRIBUTING | | | | DAY YEAR | ZIC HOW INJUR | TOCCORR | ED (ENTER NATURE OF IN) | URY IN ITEM 18 P | PART 1 OR PART 2) | |
| Sign of the state | MEDICAL | (IF EITHER NOTIFY MEDIC | | P.M 21e, PLACE O | | 19 | 211. LOCATION | | | | | |
| 4 4 4 9 9 | ME | WHILE I NOT WH | HE C | | | FFICE, FARM, ETC.) | STREET | | CITY OR T | NWC | COUNTY | STATE |
| After Olih | | 220.1 certify that (1) | ₹К — | nttended the | decorred la | (D) | 19 | · St | 7/1 | 2 | 10 81 | |
| THE STATE OF THE S | 1 | sow the decease | ed alive an | 7/1 | 2 | (A-1 | nd that in (my) (aut | r) apinian d | leath accurred of the c | late and hau | | ot (I) (we) lost |
| MEC PER | | abave, (Irrye) (d | (did not) v | rew flie bady a | ifter death | - | DEGREE | | • | | 22c. DATE SI | |
| 1000 | | 1 | SI | DA | 10 | 1 | () ATTE | NDING N | MEDICAL STA | (FF | 7/1 | 3/8 |
| 4 4 4 4 4 4 | | 22d. PHYSICIAN'S NA | ME (TYPE OR PR | Y (TAIS | 1 | | 22e ADDRESS | SICIAN D | DIRECTOR PHYSI | CIAN | 11/ | 101 |
| 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 | . Bot | ELTR | AN | | 1940 | W. | BALDM | ORF | ST B | ALTIMORS |
| D # P # 3 3 | 23a l | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 7,7, | 23c NAME OF C | EMETERY OR CREA | MATORY | 23d LOCATION | 14.0 | 1 14 | 9 217 |
| BP | | Burial | | 7/18/8 | 5 | | emorial P | | Baltimor | е | CO. | MD TE 23 |
| HMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | | PALITY | | | | | REC'D. BY REGISTRAL | 256. REGIST | RAR'S SIGNATIVE | my market |
| (VRA 15, 4) | | Wm. C. Ma | arch F/ | H 110: | 1 E.ADR | orth Av | e. | J | W11177998 | 5 | Davidson | Boding |
| | | | | | | | | | A-1 | 1/1 | | |

DHMH - 16 60M 7/8 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 204118 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN IX (TYPE OR PRINT) ESTI-JOSEPH **JOHN** DEATH MATED PACIOCCO 13 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH 2d. HOUR DATE LAST BIRTHDAY 4:18 P M PRONOUNCED Male White 1939 DEAD 1985 46 YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED [DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME. 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Metalurgist Baltimore Key Medical Center (DOA) Beth Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) W. PRESTON'ST., BALTIMORE, MD. 21201 136 COUNTY 13d INSIDE CITY EIMITS? 13e STREET ADDRESS Maryland Baltimore 425 S. Bonsal Street 21224 YES 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE William Paciocco Helen Juliar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NON HINKNOWN) Mrs. Noreen Paciocco 3916 St. 220-36-6126 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES NOX 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION TO MEDICAL EXAMINER: THIS CE
EXECUTETHE CERTIFICATE, WRITIN
PAGE 4 SHOULD BE FORWARDEI
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE OF
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.I. CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes X Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant 7-14-85 SIGNATURE __MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 236 BURIAL, CREMATION REMOVAL 236 DATE 7-17-1985 23c. NAME OF CEMETERY OR CREMATORY Sacred Ht. of Jesus Baltimore, Maryland STATE 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

(3) E/

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 9430 | 1. | FOR STATE REGISTRAR | DEPARTA | MENT OF HEALTH AND M CERTIFICATE OF DI | | 85 | 19639 |
|---|---------------|---|--|---|----------------------------|---|--|
| 7.5 | | CEASED NAME FIRST | MIDDLE | PADGE | 150 | DATE OF DEATH MONTH | DAY YEAR 26. HOUR = 9:50 AM |
| 0 B | 3. SE | X | 4 RACE | 5. DATE OF BIRTH | | GE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | 7a BI | MALE RTHPLACE (STATE OF FOREIGN | WHITE | 06 06 | 06. | YRS ALTIMORE CITY OR COUNT | |
| 135 | | Maryland | U.S.A. | MARRIED NEVER M | ARRIED ' | BALTIMO | |
| 1 2/5 | | ALTIMORE | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET GOOD SAMA | ADDRESS) | | USUAL OCCUPATION OF WORK FOR MOST OF WORKING L | 12b. KIND OF BUSINESS OR INDUSTRY |
| mys be | 130. | AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD Aryland | | | TY LIMITS? 130 S | TREET ADDRESS / ZIP COD | Rd 21214 |
| 3 | 14 F/ | ATHER'S NAME William | Padgett Padget | | MAIDEN NAME mie | MIDDLE | Wilmont |
| medicol / | | | MED FORCES? 166 SOCIAL SECU 705-10 | | B Padget | address Same | As 13e |
| removal. | | | nly one couse per line for 101, (b), one DBY: TE CAUSE (o) CARD | 10 PUL MON | ARY | ARREST | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ial, cremation, ar or other traumation | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUE | ardial i | nfaction | | |
| r to bur injury, | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>CONTRIBUTING TO </u> | DEATH BUT NOT RELATED | TO THE TERMINAL I | DISEASE OR CONDITION GI | VEN IN PART 110 |
| ows ony | CERTIFICATION | 196 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFOR | | IN CERT | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \) |
| em 18 sh | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | YEAR | URY OCCURRED (| ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART ?) |
| rked or It | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY | ARM ETC) 211. LOCATIO | N | CITY OR TOWN | COUNTY STATE |
| of Heolth 21 is mo | | | of view the body ofter death. | 6 /12 85, and that in (pay) (| our) opinion death | occurred on the date and ha | , 19, that (h (we) lost ur and from the causes stated |
| ote Dept. | | 22h SIGNATURE | in He | DEGREE A1 P | TENDING ME HYSICIAN DIR | DICAL STAFF ECTOR PHYSICIAN . | 7/1/85 |
| with the Sto | | 228. PHYSICIAN'S NAME ITYPE | OR PRINTI | 22e ADDRESS | | SAMARITAN | HOSPITAL. |
| ₩ 3 ₹ | | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CI | REMATORY 23 | LOCATION CITY OR TOWN | COUNTY STATE |
| | | Burial | 7/3/85 | uidon Dark | | D-744 | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Leonard J Ruck Inc. Baltimore, Maryland

AF COST

- STATE

LIVEE OR PRINTS

Female

To BIRTHPLACE

43a. STATE

MD

No

CERTIFICATION

14 FATHER'S NAME

Henry

MD

IN CITY OR TOWN OF DEATH

Baltimore

3 SEX

DECEASED NAME

STATE OF MARYLAND REGISTRAR

MIDDLE

Knight

THE CITIZEN OF WHAT COUNTRY

USA

(IF NOT IN SUCH EACHLITY GIVE STREET ADDRESS)

Robinson

13c CITY OR TOWN

Raltimore

16b SOCIAL SECURITY NO

214-12-9010

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

WIDOWED TO DIVORCED T

YES T

LAST

Page

DATE OF BIRTH MONTH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Maryland General Hospital

| 1 | 10 |
|----|-----|
| 63 | REG |
| | 8 |

2a. DATE

| 8 | REG. | NO. | 1 | 9 | 0 | 4 | 1 |
|----|-------|-------|-----|----|----|--------|----|
| OF | DEATH | MONTH | DAY | YE | AR | 2b. HO | UR |

| | July 28, 198 | 25 | 4:0 |
|------|--|----------------|------------|
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEA | R IF LINDE |
| YEAR | The state of the s | MONTHS DAYS | HOURS |
| 16 | 69 YRS. | | |

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Baltimore City 12h KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

13e STREET ADDRESS / ZIP CODE

1102 Druid Hill Ave 21201

NO T IS MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

ADDRESS

Dorothy I. Williams 1208 Seminole Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Cardiomegaly, severe, with four chamber IMMEDIATE CAUSE (a) DUE TO OR Adilatation and heart failure

17. INFORMANT

Micronodular cirrhosis of liver

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET FACTORY OFFICE FARM ETC 1

underlying cause last

P.M

21e PLACE OF INJURY

FIRST

Dorothu

4. RACE

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION

MIDDI

LIE YES GIVE WAR OR DATEST

136 COUNTY

In WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditians, if any, which gave rise to immediate cause (a), stating the Black

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR

21f. LOCATION

CITY OF TOWN

COUNTY STATE

NO [

220.1 certify that X (this haspital) attended the deceased fram July19.85

85

ATTENDING

July 28

20a AUTOPSY?

YES XX NO

70b. IF YES, WERE FINDINGS USED

YES XX

IN CERTIFYING CAUSES OF DEATH?

_, and that in xrye) (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE

22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN K

23d LOCATION

22c. DATE SIGNED

226. PHYSICIAN'S NAME (TYPE OR PRINT)

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

NOI WHILE

21d INJURY OCCURRED

WILLIAM

c/o Maryland General Hospita

230 BURIAL CREMATION REMOVAL Burial

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.

Baltimore

COUNTY Ca

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

STATE

24 FUNERAL DIRECTOR

Wm. Mc. March F/H 1101 E. North Ave.

236 DATE

8/1/85

... a Davidson

ō. ∞ d b PORT 3 +

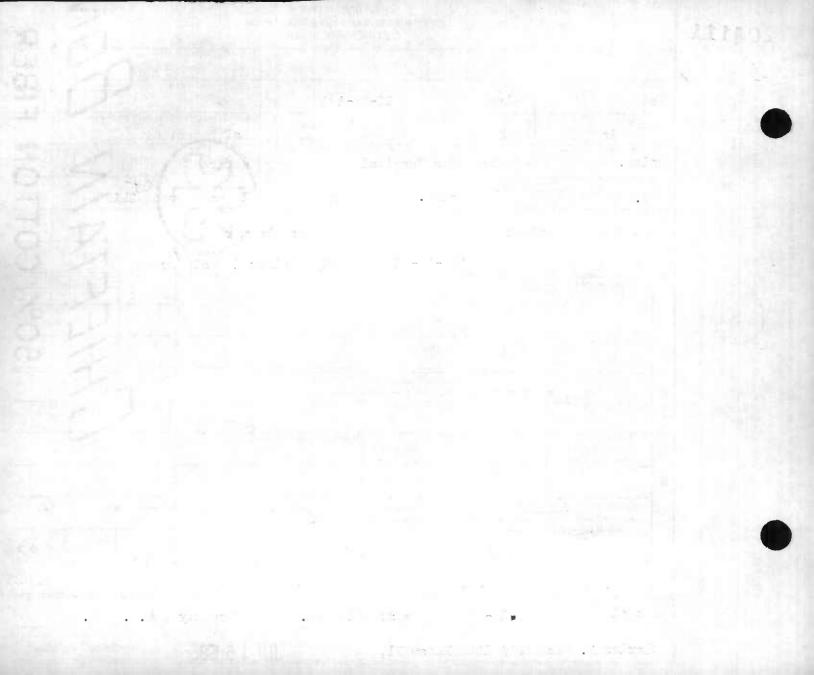
DIVISION OF VITAL RECORDS.

DHMH - 16 60M 7/B4 (VRA 15, 4)

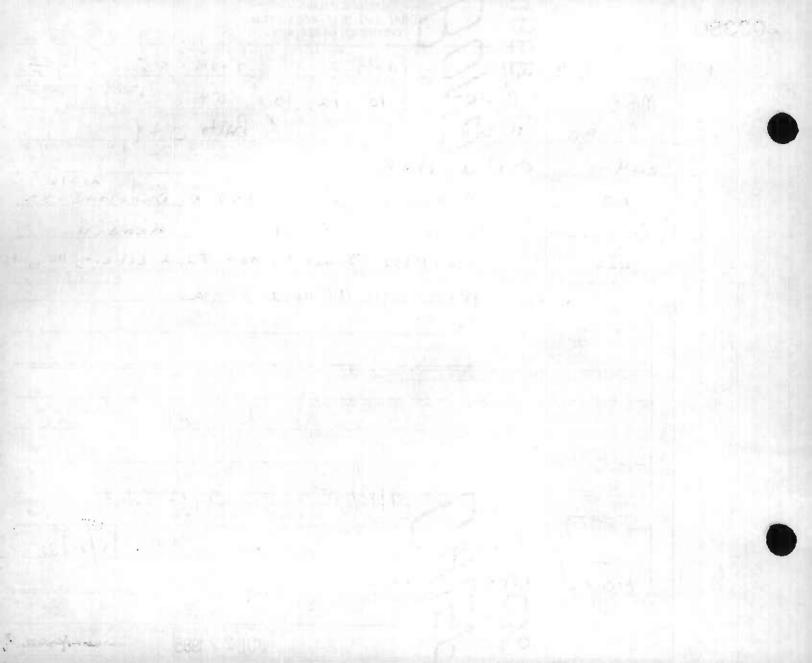
BP. DHMH - 16 60M (VRA 15, 4)

| STATE OF MARYLAND |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFIC ATE OF DEATH |

| 204111 | 1- | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | 9641 |
|--|-----------------|--|---|---|-------------------|---|--|--|
| o m£ ; | | CEASED NAME FIRST | | MIDDLE | į | LAST | 20. DATE OF DEATH MONTH DA | AY YEAR 26 HOUR |
| moy be | 3. SE | Sam | P: | almer | 5 DATE C | DE RIPTH | July 12, 1985 | 1:55P M |
| oge 4 more offer purs offer | Ma | ale | Black | | | 22-1915 YEAR | 69 YRS | ONTHS DATS HOURS MIN. |
| nerol di n 72 ho | Va. BI | RTHPLACE (STATE OF FOREIGN COUNTRY) LTSINIA | US | WHAT COUNTRY? | MARRIE | D NEVER MARRIED DIVORCED | Baltimore, City | OF DEATH MD. |
| by the fu | | TY OR TOWN OF DEATH | Church Home Hospital | | | | 170 USUAL OCCUPATION (TXPE OF WORK FOR MOST OF WORKING LIFE) | 126. KIND OF BUSINESS OR INDUSTRY |
| filled in hould be | 13a S | Id. | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | | | | 13-STREET ADDRESS / ZIP OFF | L 1 36 |
| ompletely of a string | 14 FA | THER'S NAME Elizah Pa | imer | LAST | | 15. MOTHER'S MAIDEN NAME FIRST PE | ME almer | LAST |
| n ond co | | VAS DECEASED EVER IN U.S. A | RMED FORCES? GIVE WAR OR DATES) | 226-24-8 | | Evelyn Palme | er 15 Main Brook | |
| that the control of t | | Conditions, if ony, which gove rise to immediate cause to, stoting the underlying cause lost. | (b) | R AS A CONSEQUE MULTIPL R AS A CONSEQUE | E MY | ELOMA | | |
| The low requires icion. Icion. Isit permit. Then plagere prior to burn shows ony injury, of | L CERTIFICATION | | 19b. COND | THROM | BOCY! OPERATIO | TOPENTA ON WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? |
| PHY: rending this rid M rid M | MEDICAL | LIFE EITHER NOTIFY MEDICAL EXAMINATED THE NOTIFY MEDICAL EXAMINATION OF TH | 21e. PLACE (AT HOME, ST | REET FACTORY OFFICE, F | T11 1 1 | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TO HOSPITAL OK ATTENDING retoined by the hospital or off TO FUNERAL DIRECTOR. After should be detached for use as a with the State Dept of Health o IMPORTANT. If them 21 is mark | | sow the decorated file of obove. (I we) (did (did) 276 SIGNAT 1974 PHYSICIAN'S NAME A.F. Nazo | on 111 V | otter deoth. | 85_, 6 | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | death occurred on the date and hour MEDICAL DIRECTOR DHYSICIAN MATTER MUTCH Hospital XXXBroadway, Bal | ond from the couses stated 22c DATE SIGNED 7/12/85 |
| BP | 230 E | BURIAL, CREMATION, REMOVA | 23b. DATE 7-16-8 | | | EMETERY OR CREMATORY | Brooklyn, A.C. | |
| DHMH - 16 60M 7/84 | | DERALDIRECTOR | FCDA 13 | ADDRESS | 70.1 | 25a DAT | E REC'D. BY REGISTRAR 251 REGISTR | AR'S SIGNATURE |



| | 1 | | | STATE OF MARYL | AND | | | |
|---|---------------|--|------------------------------------|---------------------------|--------------------|-----------------------------|-------------------------------|----------------------|
| 203380 | 1 | FOR STATE | DEP/ | ARTMENT OF HEALTH AND | | ENE | | |
| 200000 | 1. | REGISTRAR | | CERTIFICATE OF | DEATH | 8 REG. NO | 195 | 4 2 |
| | | CEASED NAME FIRST | MIDDLE | O LAST | | | AONTH DAY YEAR | 25. HOUR |
| o of L | (TYP) | Ellsw | iarH- | Varkey | U.2000 | 7-15- | 85 | 9 30 M |
| moy be | 3. SE | X | 1. RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIRTH | | IF UNDER 24 HRS |
| ctor poge 3 | | male | BLACK | MONTH DAY | YEAR 30 | 54 | YRS. | HOURS MIN. |
| Pog dire | -7a. B | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | TDV2 8 | | 9 BALTIMORE CITY OR | | |
| 4 22 B | | COUNTRY | U.S.A | MARRIED LI NEVER | MARRIED 🔼 | BAlto C | 1+1 | MD. |
| od of the | 10. C | ITY OR TOWN OF DEATH | | IRSING HOME OR OTHER INS | | 120 USUAL OCCUPATIO | | OF BUSINESS OR |
| by the fa | (| Batto. | CENTULY T | TIME ADDRESS) | | (TYPE OF WORK FOR MOST OF | WOMENING EINES HADOSTKT | |
| 212 | USU 13a | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION GIVE RESPENCE E | TOWN 13d. INSIDE | CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE 31 | 216 |
| No 24 h 24 h 24 h | | mo | Baltin | | NO 🗌 | | Dutreland | 4 57. |
| thin thin | 14. F. | ATHER'S NAME | | 15 MOTHER | S MAIDEN NAM | VE WIDDLE | LAS | |
| | | Gassawan | Parket | | e aly | WIDDLE | Randal | |
| E. A. C. | | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166. SOCIAL | SECURITY NO. 17. INFORM | | ADDRES | S | |
| W. PRESTON ST., BALTIMORE, MARYLAND 2120 of the death confront are executed within 24 hours of the attending physician and completely filled in by se tempers to though the generation of though be fill cremation of though | (| YES, NO OR UNKNOWN) (IF YES, GI | IVE WAR OR DATES) | 1-3375 Jame | es Par' | ker 520: | 2 Libert | y Heights |
| F / 1 1 | | 18. CAUSE OF DEATH (Enter of | aly and source per line for (a) (b | | | | | KIMATE INTERVAL |
| BE SEE | | PART I. DEATH WAS CAUSE | ED BY: | 1 1- 010 | MOCHO | Thimas | Belvige | ONGE! AND DEATH |
| 15 | | IMMEDIA | TE CAUSE (o) | state day | Mu Clark | | | |
| TO T | | | DUE TO, OR AS A CONS | EQUENCE OF | | | | |
| RES dio dio drie | | Conditions, if ony, which gove rise to immediate | (b) | | | | | |
| A. A | | couse (o'), stoting the underlying couse lost. | DUE TO, OR AS A CONS | EQUENCE OF | | | 4 | |
| | | | (c) | | | | | |
| quires quires signe hen p to bur njury, | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | S TO DEATH BUT NOT RELATE | D TO THE TERMI | IN AL DISEASE OR COND | ITION GIVEN IN PART 1 | 10 |
| or to | CERTIFICATION | | 122 60407404500 | USCH ODERATION WAS DEDG | 08.450 | 20a AUTOPSY? | 206. IF YES, WERE FIND! | NGCHEED |
| low re prior | Ž. | 19a DATE OF OPERATION | 196. CONDITION FOR WI | HICH OPERATION WAS PERF | ORMED | | IN CERTIFYING CAUSES | S OF DEATH? |
| TAL B | | | | | | YES NO | YES 🗌 | NO 🗌 |
| Z Z S S S E 8 | | 210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE | | | INJURY OCCURR | ED (ENTER NATURE OF INJUR | TIN ITEM 18 PART I OR PART 2) | |
| SICIA ng pl certif certif ientol | 18 | (IF EITHER, NOTIFY MEDICAL EXAMINE | | 19 | | | | |
| Mys or it sources | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCAT | | CITY OR TOV | vn COUNTY | STATE |
| DIVISI ING P r other so the lth and lorked | 2 | WHILE NOT WHILE AT WORK | TAL HOME, SINEET, PACTORY, OF | Price, PARM EIC) | _ | | | |
| | 1 | | pital) attended the deceased fr | rom 03 | | _, to 113 | 19 81 | , that (I) (we) lost |
| OR: A | | sow the decemberry of | 2/12/83 | | y) (our) opinion d | death occurred on the do | te and hour and from the | couses stoted |
| R ATI hospined for hed for tem 2 | | 77h SIGNATURE | ot) view the body ofter death. | DEGREE | | | 22c DATE | E SIGNED |
| 0 0 0 0 | | 7/7 | olies. | | ATTENDING _ | MEDICAL STAF | F _ 0 | Jan |
| RAL det | 1 | 22d. PHYSICTÁN'S NAME (TYPE | | 22e. ADDRI | | DIRECTOR PHYSICI | AN I | 2/01 |
| HOSPITAL oned by the FUNERAL Browning be deto ORTANT. If | | | / . | | 133 | | | |
| TO HOSI | | 10-70- | sebre man | | | | | |
| Z o ⊢ z v ≼ | 23a. | BURIAL, CREMATION REMOVAL | 23b. DATE | 23c. NAME OF CEMETERY OF | | 23d. LOCATION | MAN TO COUNTY | NAD STATE |
| BP | | Buriai | 7/18/85 | Garrison For | est VA | 0พี่วัก็ตู้รั | Mills | MD STATE |
| DHMH - 16 50M 4/83 | 24. F | UNERAL DIRECTOR | | | | | 15b. REGISTRAR'S SIGNA | |
| DHMH - 10 50M 4/83 | | Wm March F. | /H 1101 E. Nº8 | fth Ave. | | 111 1 7 1985 | المحمدة والمعتدم ب | -pandell |



| 217052 | | STATE REGISTRAR | | M | EDICAL | EXAMIN | ER'S CE | | | | н | nec sh | 0 | 5 13 | 3 |
|--|---------------|----------------------------------|--------------------------------|--------------------------|-----------------|------------------|----------------|-----------------|--------------|------------|---------------|-----------------|-----------------|-----------------------|---------------|
| | 1. DE | CEASED NAM | E FIRST | | MIDDLE | | | sr | | -0 | DATE KNO | REG. NO. | MONTH | DAY YEA | AR 25. HOU |
| 1 3888EM | (14) | PE OR PRINT) | Hen | rietta | G. | | Park | er | | | | STI- | 7-1 | 23 19 8 | 35 |
| NECESSARY, PLEASE UNRRAL DIRECTOR. S.FOR YOUR FILES. WITHIN 25 HOURS WITHIN 25 HOURS | 3. SE | Χ - | 4 RACE | 5 DATE OF BIRT | | 6 AGE (IN YE | ARS IF UND | ER I YR. I | FUNDER 2 | | DATE | | AONTH | DAY YE | AR 2d HOU |
| OUR ON | Fe | emale | Black | 1 18 | 1907 | 78 YF | | DATS | HOURS | MIN CH | DEAD | | 7-2 | 24 19 8 | 8:36 a. A |
| RAIL X KALL | 7a. B | IRTHPLACE (S | TATE OR | 76. CITIZEN OF | WHAT COUN | NTRY? | 8 MARRIED | D NEVI | ER MARRIE | D X 9. | BALTIMORI | E CITY OR | COUNTY | OF DEATH | 1 |
| A S S S S S S S S S S S S S S S S S S S | | aryland | i | U. S. | A. | | WIDOWE | | DIVORCE | | Balti | more (| City | , | M |
| SEE SEE | 10 C | ITY OR TOWN | OF DEATH | 11. NAME OF HO | DSPITAL, NU | | , OR OTHER | RINSTITUTI | ION | 120 USUA | L OCCUPATI | ION (TYPE OF | | OR INDU | |
| AD. 21201 1. IF ANY DELAY IS NEC. 2, AND 31O THE FUN. 3. RETAIN PAGE 5, F. 2, SHOULD BE FILED IN P. AL. RECORDS, 20 W. P. | | Baltim | | 2547 | Madis | son Ave | | | | Hous | ekeepe | er | | vt. F | amily |
| S S S S S S S S S S S S S S S S S S S | | AL RESIDENCE | (IF IN NURSING HO | ME OR OTHER INSTITUTION, | | OR TOWN | ואס | 3d. INSIDE CITY | Y HANTS? | 13e STREE | T ADDRESS | 2547 M | ladis | son Av | renue |
| ZIZOI AND AND BETA HOULE | | aryland | | | | timore | | YES 🗶 | NO 🗌 | Balt | imore | Mary | land | 1 2121 | .7 |
| MD | 14. F | ATHER'S NAME | | MIDDLE | | LAST | i | 5. MOTHER | ST MAIDE | NAME | MIDDLE | | | LAST | |
| W SHEET | | Herber | | | | arker | 1.5 | | annie | | | 200 | | ohnson | |
| MACONA / | | WAS DECEASE (ES, NO, OR UNKNO | | ARMED FORCES? | 16b. SOC | CIAL SECURITY | Y NO. 1 | 7. INFORM | ANT | 1 | 2547 | Magis | on A | venue | = |
| 1 4 1 | | No. | | | | 12-988 | 0 1 | Ethel | P. Q | ueen | Balt | imore, | Mar | yland | 21217 |
| 135 | | 18 CAUSE C | | anly one cause per li | | | | | | | W IS | | | APPROXIA BETWEEN O | MATE INTERVAL |
| A TRANSPER | | PARITO | IMMED | DIATE CAUSE (a) A | rterio | sclero | tic Ca | ardio | vascu | lar D | isease | 9 | | | |
| AND ALCONOMINA | | | | | OR AS A CON | NSEQUENCE (| OF | | | | | | | | |
| 新 星马商务产品 | | | ns, if any, wh se to immedi | | | | 100 | 10.07 | | | | | | | |
| W. WENT | | |) stating the una | | OR AS A CON | NSEQUENCE (| OF | | | | 100 | | | | |
| S PENSON | | | | (c) | | | | | | | | | | | |
| RECORDS TO BE EXECUTED IN SECULD BE EXECUTED IN SECULD IN SECURD I | Z | PART 2 OTHER ST | IGNIFICANT CONOITI | ONS CONTRIBUTING TO DEA | TH BUT NOT RELA | ATEO TO THE TERM | INAL OISEASE O | R CONDITION | GIVEN IN PAR | T I la | | | | | |
| | CERTIFICATION | 190 DATE OF | OPERATION | 196. CONI | DITION FOR | WHICH OPER | ATION WA | S PERFORM | AED? | | 77 3 | | | 20 AUTOP | PSY? |
| ₹ 05±205 | 볼 | | | 80.4 150 | | | | | | | | | Tal | YES [| NOXX |
| OF VI | W W | | AL CAUSE WAS | | OF INJURY | DAY VEAS | 21c. HOV | W INJURY C | OCCURRED | (ENTER NA | URE OF INJURY | IN ITEM 18 PART | T OR PART | | - An |
| ION OF V TIFICATE S G THE WO TO THE HOULD BE HOULD BE HOULD BE HOULD BE | | UNDERLYING | OR OR | 100 | .M. MONTH | DAY YEAR | | | | | | | | | |
| /ISIG | MEDICAL | 21d INJURY | | 21e PLAC | E OF INJURY | (AT HOME, | 211 LOCA | | | | | | | | |
| DIN MARIE CARE | 2 | AT WORK | NOT WHILE | STREET, FA | ACTORY, FARM, E | ic) | STR | EET | | | CITY OR TOWN | | COUN | TY | STATE |
| F STA | | | | arge of the remain va | and Maria | nua haldaa | Autopsy | | Inspection | VV | Inquiry [| 1 | n my apın | - | |
| A S S S S S S S S S S S S S S S S S S S | | death result | / 1 | atural causes XX | 1 | ove, neta an | Adiopsy | Homicio | | | nined manne | | т ту арт | ion | |
| A STATE OF S | | deamireson | 1//- | diordi causes | Treatment | 77 | D | TITLE (SPI | | Undererr | ninea manne | :r [_], | | | |
| BOSE X | | ACTUAL / | Well | west | my | MU | Wade | | stant | MEDIC | AL EXAMINE | | DATE SIGNED. | 7-24 | 1-85 |
| | 1 | SIGNATURE | | | 11 | | Ort | | | MEDIC | AL EXAMINE | :K | SIGNED. | 200 | |
| TO MEDICAL EXECUTE THE PAGE 4 SHOUNT TO FUNEAL AFTER DEATH BALFIMORE. M | - | EXAMINER'S (TYPE OR PRI | NAME DE | ennis F. S | myth, | M.D. | AI | DDRESS. | 111 P | enn S | st., Ba | alto., | , Md. | . 212 | 201 |
| PATO PEED | 23a.B | URIAL, CREMA | TION, REMOVA | | | NAME OF CEA | | | | 234 LOC | | | | | C7.170 |
| 07/B4 BP | (| SPECIFY) Bur | ial | 7/30/198 | 5 Mt | . Zion | Ceme | | | | timor | | COUNTY | Mary | land |
| 25M DHMH - 17 | 24 1 | | | Funeral Ho | me, Ir | ic. | | 25 | So. DATE R | EC'D. BY R | EGISTRAR 2 | N REGIST | ASE PUR | depland | APL |
| (VR A15 ME (5)) | | | | kway, Balt | | | | - 10 | JU | 31 | 1985 | 7 | | | |

STATE OF MARYLAND

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William B. Maryland Billy

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TYSQLIME Into a constant

Muches & Come Cuneral Some, Inc.

2501 Coynes Farmay, Halto. Md. 21216

REGISTRAR LAST 2n DATE OF DEATH MONTH DECEASED NAME FIRST TYPE OR PRINT IDA PASSANO JULY 26, 1985 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH VEAR Female White 82 Jan. 30 1903 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY MD USA WIDOWED DIVORCED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION BALTIMORE Homemaker HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? MD Balto. IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Amanda Edward Cockey Charles ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 213 20 7077 | William M. Passano No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF PULMONARY EMBOLUS Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF INFARCTION underlying couse MYOCARDIAL 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 71s PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a | certify that (1) (this hospital) attended the deceased from saw the deceased alive an. abave. (1) (we) (did) (did not) view the bady after death DEGREE 226 SIGNATURE ATTENDING 224 PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS d b KOBERT

Scarff APPROXIMATE INTERVAL IMMEDIATE CAUSE 10) ELECTRICAL MECHANICAL DISSOCUTION ASHS TOLE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 21c HOW INJURY OCCURRED (EN ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY SPECIFY) CITY OR TOWN MD 7/29/85 Green Mount Balto. Cremation 74 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 ine Daydson-hands 22 4905 York Road Balto. . MD (VRA 15, 4) 21212

219115

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26 HOUR

YEAR

IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home

13e STREET ADDRESS / ZIP CODE

116 W. University Pkwy.

21210

IN CERTIFYING CAUSES OF DEATH? NO F

STATE

STATE

etida toner exemptons TIE W. Univer the Person 77 Ohmes edwing sylv full to Mills on M. Fallanno, __ Strategy THE REPORT OF THE PARTY OF THE thunk reem that = t2., Henry W. Lending & Bons Co. ACCE YORK FALL BAYS, INC. 1115 injury, ar ather traumatic event, th

marked or them 18 shows any

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206146

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 2 | NO. | 1 | 9 | Ó | 4 |
|-------------|--------|-----|------|----|------|
| TE OF DEATH | MONITH | DAY | VEAD | 21 | NOUE |

| ı | | REGISTRAR | | CERTIF | ICATE OF DEATH | O REG. NO | D. 8 | 7 0 | |
|---|---------------|---|---|--------------------------|---------------------------------|----------------------------|----------------|-------------------|--|
| Ì | | CEASED NAME FIRST | MIDDLE | ^ ' | AST | 2a DATE OF DEATH | MONTH I | DAY YEAR 2 | h HOUR |
| 4 | (14bF | ORPRINT) MAR | Y | PA | RTORE | | 1 1 | 7 85 6 | 0:30 Am |
| ł | 3 SE> | (| RACE | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | | | FUNDER 24 HRS |
| | | F | aucasian | MONTH | 22 07 | 78 | YRS | MONTHS DATS | HOURS MIN. |
| 1 | 7a BII | RTHPLACE ISTATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTE | RY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | COUNTY | OF DEATH | |
| 4 | | Ito., Md. | 1/U.S.A, | WIDOWE | DEX DIVORCED | Baltimor | | | MD. |
| d | 10 CI | TY OR TOWN OF DEATH | | RSING HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | | 12b. KIND OF I | BUSINESS OR |
| X | | Balto City | Grood Samar | -ilan 1 | tosp. | pm 1 1 | Make | 0 | cerv |
| | 13a. S | AL RESIDENCE (IF NURSING LORO) TATE Md. | THER INSTITUTION GIVE RESIDENCE BE Y 13(. CITY OR TO Balt | FORE ADMISSION) OWN .O . | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / | | | 2/259 |
| I | 14. FA | THER'S NAME | DDLE LAST | | 15 MOTHER'S MAIDEN NAM | | | LAST | THE STATE OF THE S |
|] |) | Vincent | Garafalo | | Cira | Model | Tere | si | |
| 7 | | VAS DECEASED EVER IN U.S. ARM | | ECURITY NO. | 17. INFORMANT | ADDRE | 55 | 212 | [3 |
| | (1 (1) | | VAR OR DATES) 2/2-5 | 7-8115 | Shirley Mar | ziale-355 | 1 E1 | mora Av | ve. |
| ł | | 18 CAUSE OF DEATH (Enter only | nna snura nas luna for (a). (h) | andici | | | | | ATE INTERVAL |
| ı | | PART I. DEATH WAS CAUSED | BY. () En | TIC | EMIA | | | BETWEENON | SEI AND DEATH |
| ı | | IMMEDIATE | | | | | | | |
| 1 | | Conditions, if any, which | DUE TO, OR AS A CONSE | OUENCE OF | MIA | | | | |
| ١ | | gave rise to immediate | (b) | | | | | | - C C. |
| I | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSE | OUENCE OF | | | | | |
| ı | | | (c) | | | | | | |
| 1 | z | PART 2 OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTING | IO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONE | IIION GIV | EN IN PART TO | |
| 4 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHI | ICH OPERATIO | NI WAS DEDECTORATED | 20a AUTOPSY? | 20h IF YES | , WERE FINDING | SUSED |
| | FIC | DATE OF OFERATION | 198 CONDITION FOR WITH | ICH OFERATIO | IN WAS FERT ORMED | | IN CERTIF | YING CAUSES O | F DEATH? |
| 4 | RTI | | AN SINE OF BUILDIN | | Tal. How have a course | YES NO | | 5 | NO 🗍 |
| | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 P | PART OR PART 2) | |
| ı | CAI | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 216 PLACE OF INJURY | CE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | NN | COUNTY | STATE |
| 1 | ~ | AT WORK AT WORK | | | | | | A. Arana | |
| 1 | | 22a I certify that (1) (this haspita | I) attended the deceased fro | m | . 19 | , to | | 19, the | ot (1) (we) last |
| 1 | | saw the deceased alive on obove, (Ir(we) (did) (did nat) | view the body after death. | 9 or | nd that in (my) (our) opinion d | leath occurred on the do | te and hou | r and Iram the ca | uses stated |
| 1 | | 226. SIGNATURE | 0 | 2 | DEGREE | | | 22c. DATE SI | GNED |
| 1 | | (sellio | many | 10/0 | ATTENDING PHYSICIAN | MEDICAL STAF | | +/1: | 7185 |
| | | 224. PHYSICIAN'S NAME ITYPE ORP | PRINT | | 22e ADDRESS | 1 | 7 | | 700 |
| | | TULLO | EMANIA | FIF | +005 | LACHIAI | V C | IRCLF | BALTO |
| 1 | 23a. B | BURIAL, CREMATION, REMOVAL | 23b. DATE 2 | 31 NAME OF C | EMETERY OR CREMATORY | 234 LOCATION | | | 21230 |
| | | Burial | 7/20/85 | _ | Redeemer | Baltimo | ore. | Maryla | nd STATE |
| | | D 0.7 707 | ., 20, 00 | 21274 | | 20202111 | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Joseph N. Zannino, 263 S. Conkling St.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2/2-5/2-2017 This could write the could be made the ME WOLF OF SIG Grand M. Hanning, 25 G. Can Mine at the - STATE

TYPE OR PRINTI

Male

DECEASED NAME

PAUL

Baltimore

WAS DECEASED EVER IN U.S. ARMED FORCES?

BIRTHPLACE (STATE OF FOREIGN

BALTIMORE

Penna

Angelo

Yes

29 1920 T

NOF IS MOTHER'S MAIDEN NAME Josephine

MARRIED XX NEVER MARRIED

17 INFORMANT

PATRINICOLA

5. DATE OF BIRTH

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

THE JOHNS HOPKINS HOSPITAL

16h SOCIAL SECURITY NO

220-09-8785

Delta

Patrinicola

MIDDLE

J.

76 CITIZEN OF WHAT COUNTRY?

RACE

JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

IN STATE

136 COUNTY

136 CITY OR TOWN

York

White

9 BALTIMORE CITY OR COUNTY OF DEATH

General Foreman

Poplar Drive, RD 2

07

2a. DATE OF DEATH

BALTIMORE

6. AGE (IN YEARS LAST BIRTHDAY)

12b. KIND OF BUSINESS OR

Radio

Livolsi

31 85

| 7 | 500 | 7 |
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| BE | 19.1 | 1 |
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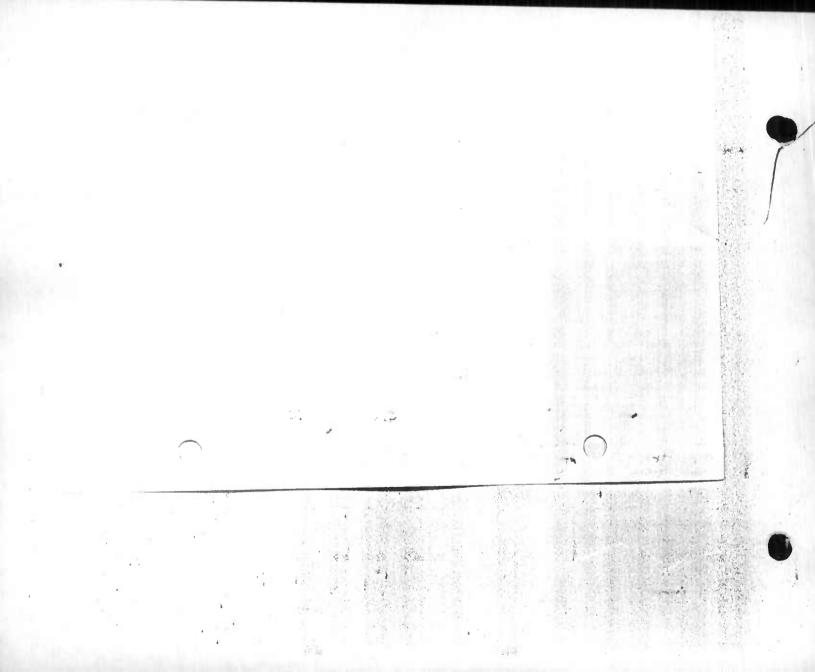
(VRA 15, 4)

Gertrude Patrinicola, RD 2, Box478, Delta, Pa. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c) PART I. DEATH WAS CAUSED BY hypotension IMMEDIATE CAUSE (a) intractable DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which BUSTINONIS gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 2 months erythroleukemia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 estriovent ricular Rissociation 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) this haspital attended the deceased from July saw the deceased alive an July 31 , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c DATE SIGNED DEGREE MEDICAL 7/31/85 PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Hopkins Hospita Johns 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL York York Penna Cremation Aug. 2, 1985 Yorktowne 24 FUNERAL DIRECTOR DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE the Davidson-Mandalle John H. Harkins 600 Main St, Delta, Pa

As while we man to make a late

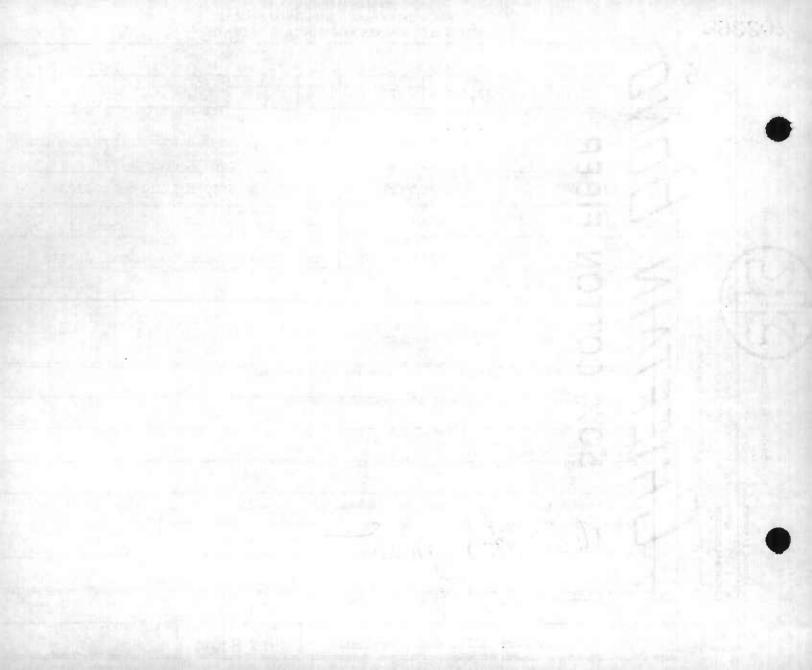
Void Death Certificate # 85-19647

Baby Boy Harrison (Harrison Albert Patterson DOD- March 4,1985 B.City



LESS TO THE WORLD IN THE STEEL STREET TO THE WORLD IN THE STEEL STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 203362 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH-REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWNYY MONTH 2b HOUR LEYPE OR PRINT) ESTI-F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. 8. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. RECORDS: 401 W. PPRESTON STREET, OF Pekar DEATH MATED 19 85 Margaret Regina 4 RACE 6. AGE (IN YEARS IF UNDER TYR 2d HOUR 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) May 11,1914 PRONOUNCED 12:41 White Female DEAD 1985 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. DIVORCED Baltimore City, 120 USUAL OCCUPATION TTYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 6035 Falkirk Road Book Keeper USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland 1136 COUNTY 13d: INSIDE CITY LIMITS? 13e. SBB35PDFaSlkirk Rd 21239 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Michael Pekar Czarski Cecelia 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) As 13e 218-09-8969 Mrs Alice V Owens Same No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION LAT HOME. STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PLATER DEATH, WITH THE ST. BALTIMORE, MARYLAND 2 InspectionXX 220. I certify that I taak charge of the remoins described abave, held an Autopsy Inquiry Hamicide death resulted from TITLE (SPECIFY) 7-17-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME 21201 Dennis F. Smyth, 111 Penn St., Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 7/19/85 23c NAME OF CEMETERY OR CREMATORY St Stanislaus 23d LOCATION STATE Baltimore, Maryland 07/B4 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J Ruck Inc. Baltimore, Maryland wax in (VR ATS ME (5))



IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatical

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

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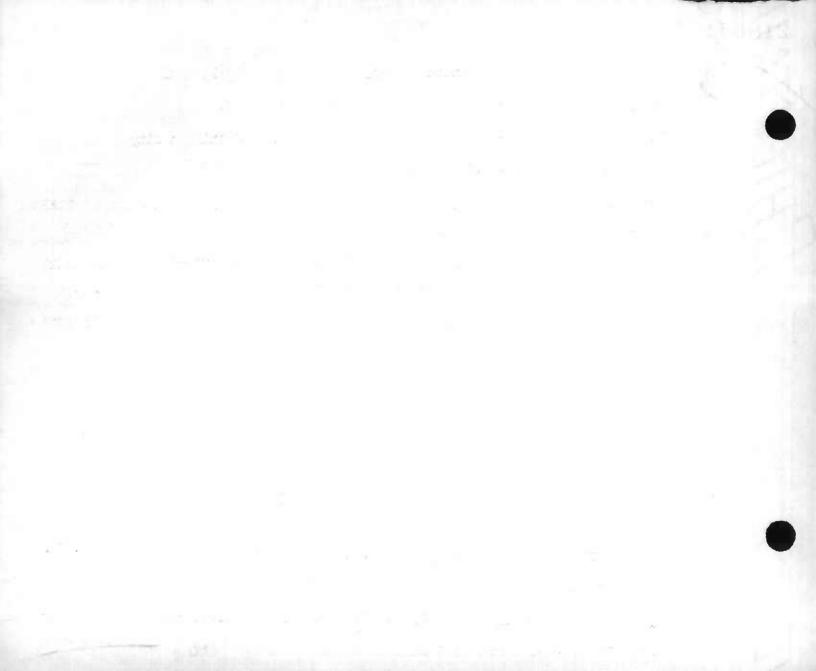
| PARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH | 8 | REG. NO. | 1 | 9 | ò | Š | |
|---|---|----------|---|---|---|----|---|
| | | | | | | 1. | = |

| 1 | 1- | FOR STATE REGISTRAR | 1 | | DEPA | | EALTH AND MENTAL H | HYGIENE | 2 4 | 1 9 | ò | 5 0 | |
|--------------|---------------|---------------------------------------|--------------|------------------------|----------------------------------|------------------|---------------------------|-----------|--|------------------|-------------|-----------------|-----|
| 7 | | CEASED NAME | FIRST | | MIDDLE | ı | AST | 2a D | ATE OF DEATH MO | NTH DAY | YEAR | 26 HOUR | - |
| | TYPE | OR PRINT) | TO | SEPH | s. | D | ERRY . SR. | | 7/3 | 185 | , | 8:00 | AA |
| | 3. SE> | X | 50 | 4. RACE | ъ. | 5 DATE C | | 6. AC | E (IN YEARS LAST BIRTHD | (r) IF U | NDER I YEAR | # UNDER 24 HI | RS |
| | | ale | 630 | White | | | ber 5, 1913 | | 71 | YRS. | | HOURS MI | IN. |
| ادم | | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNT | RY? 8 | D NEVER MARRIED | 9 BA | LTIMORE CITY OR C | OUNTY OF | DEATH | | |
| 0 | | aryland | | U.S.A | | WIDOWE | | | BALTIMORE | CITY | | | MD. |
| 11 | | TY OR TOWN OF DEA | TH | | HOSPITAL, NUF | | OR OTHER INSTITUTION | 12a, l | JSUAL OCCUPATION OF WORK FOR MOST OF WI | 1 | 126. KIND O | F BUSINESS (| OR |
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| - | | BR | IAN S | ZURK, M | .D. | | UNION MI | EMORI | AL HOSPITA | /T | | 0311 | |
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| | R | uck_Towson | Fune | eral Hom | e, Inc. | Towson, | Md.21204 | 1111 | 071985 | 1 271 | 7/C/2007 v- | 1 | 1 |

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 218041 - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a DATE OF DEATH I. DECEASED NAME 7h HOUR (TYPE OR PRINT) Lillian Elizabeth PERRY July 31,1985 1:50 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 1898 14 87 Female White Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED V Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 1729 Wilmington Avenue Baltimore USUAL RESIDENCE 18 NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c. CITY OR TOWN 13b COUNTY 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? YES TO NO 1729 Wilmington Avenue 21230 Maryland Baltimore 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Hofmann Eh länd Louisa Edward Tia ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Richard Perry 1017 Elmridge Avenue 21227 212-20-7605 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH II CAUSE OF DEATH (Enter only one couse per line for Cardiac Arrest PART I. DEATH WAS CAUSED BY day IMMEDIATE CAUSE (o DUE TO, OR AS ANONSEOUTNOVOFD 25 yrs Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death DEGREE 22¢ DATE SIGNED 22h SIGNATURE 7.31.85 ATTENDING MEDICAL STAFF
PHYSICIAN XXDIRECTOR PHYSICIAN M.D. 22e ADDRESS 224 PHYSICIAN'S NAME LEVPE OR PRIN should be 407 Crain Highway Dr. Paul Schoonfield 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore COUNTY Maryland Loudon Park Cemetery August 3 1985 BP Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 AUG 2 Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

(VRA 15, 4)



BP. DHMH - 16 60M

| 360 1 - STATE REGISTRAR 1 DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX 4 RACE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina | | ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | 0 12 | 196 | E 9 |
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| 14 FATHER'S NAME FIRST MIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | LA | ST |
| Isaac | Hill | Mamie | , moore | Cooper | |
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| YES NO OR UNKNOWN) (IF YES GIVE WAR OR D) | 579-26-3 | 324 Chanles 1 | Donner E10 | Daidan | 6. na |
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| 21104 | | | FRED R. PETI | ERMAN | CERTIFIC | ATE OF DEATH | REG. NO | | 4 0 | 2 3 |
| 6110 | | CEASED NAME | FIRST | MIDDLE | ŁAST | | 26 DATE OF DEATH | MONTH DAY | 2 | 26. HOUR |
| deor | | W | INIFRED | R | PETERM | AN | | 7 12 | 85 | 2,30 M |
| Here | 3. SE | (| 4 RACE | | S. DATE OF E | BIRTH DAY YEAR | 6 AGE (IN YEARS LAST BIRT | MONT | NDER I YEAR | IF UNDER 24 HRS |
| LA . | | Female | WH | ITE | 5 | 4 16 | 69 | YRS | | |
| E E | | RTHPLACE STATE OR FOR | REIGN 76 CITIZEN OF | WHAT COUNTRY? | MARRIED [| NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| of oth | | New York | τ | J.S.A. | WIDOWED [| | Baltimon | e City | | MD. |
| 1 7 | 10 C | TY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OTHER INSTITUTION | 128 USUAL OCCUPATION | ON I | 126 KIND OF | F BUSINESS OR Summit |
| 134 | | Baltimore | | nes Hospi | _ | | Directorof | | | |
| 12/19/ | | AL RESIDENCE IN NURSING | G FOME OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE AL | | d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| 11000 | | Maryland | Baltimore | Catonsvi | | res \ NO X | 2219 Pleas | | ve | 21228 |
| 1221 | 14. FA | THER'S NAME | WIDDLE | LAST | 15 | MOTHER'S MAIDEN NAM | | | | |
| 1/DOX | | Kemp | William | Reynold | s | Grace | E. | | В | lencoe |
| Arriba | | VAS DECEASED EVER IN | | 166 SOCIAL SECURI | TY NO. 17 | INFORMANT | A9029 | 03 Wood | Duck | P1.226 |
| | | NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 578-20-2 | 916 | Mrs. Bonita | J. Christi | ano-Tam | npa, F | lorida |
| Sicili F - F | | 18 CAUSE OF DEATH | Enter only one couse per | line for to), (b), and i | C1.1 | | | | APPROXIA | MATE INTERVAL |
| n pdy mov ven | | PART I. DEATH WAS | S CAUSEĎ BY: MEDIATE CAUSE (0) | HEMDERA | HAGIC | INFARCT REGRAL HE | LEFT | | | |
| ding orbo or re | | | DUE TO O | DAC A CONCEQUEN | CER | EBRAL H | = MIS O HALL | 3 7 7 7 1 | THE | |
| ve co | | Conditions, if any, v | which ((b) | R AS A CONSEQUEN | CEOF | | | | | |
| emo emo emot | | gave rise to imme | diote | R AS A CONSEQUEN | CE OF | | | | | |
| by toose I, cre | | underlying couse | lost (c) | K AS A CONSCOULA | ICE OF | | | C(4) 4 | | |
| ned ned no horio | | PART 2 OTHER SIGNIF | FICANT CONDITIONS CO | ONTRIBUTING TO DE | ATH BUT NO | OT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 110 | , |
| Ther Ther to k | ON N | | | | | | | | | |
| prior ony | CERTIFICATION | 19a. DATE OF OPERATIO | ON 19b. COND | ITION FOR WHICH O | PERATION | WAS PERFORMED | 206 AUTOPSY3 | 20b. IF YES, WI | ERE FINDIN | GS USED |
| set per giene shows | E | | and the second | | | | YES NO | YES E | 3 CAGIES. | NO [|
| SOT 8 | S | 210. ACCIDENT WAS UNDER | 110110 | | YEAR 2 | It. HOW INJURY OCCURE | ED (ENTER NATURE OF INJUI | Y IN ITEM IB PART I | OR PART 2) | |
| iol-ti | CAL | OR CONTRIBUTING CAT | OSE OF DEATH | | 19 | | | | | |
| bis company | MEDICAL | 21d INJURY OCCURRE | | OF INJURY REET, FACTORY OFFICE, FAR. | | II. LOCATION | CITY OR TO | WN | COUNTY | STATE |
| ter t s the h on rked | 2 | WHILE NOT WHILE | : D | CELL, PACIONI OFFICE, PAR | M EICH | | | | | |
| R. Af S. Af S. mo | | 220.1 certify that ++ (t | his hospital) attended th | | July | , IY | to July | 12 19 | | that (# (we) lost |
| for of H | | saw the deceased above, (1) (we) (dia | olive on | ofter death. | , and t | hat in (my) (out) opinion o | leath occurred on the do | te and hour and | d from the c | ouses stated |
| hos ihed ept. Item | | 226 SIGNATURE | 1 1100 | 1 | DEC | GREE | | | 22c. DATE S | SIGNED |
| AL Date Date Date Date Date Date Date Date | | Dei | TYVUV | lon | Thi. | ATTENDING PHYSICIAN | MEDICAL STAF | IAN | | |
| TO FUNERAL should be detailed by the State | | 224. PHYSICIAN'S NAM | 41 | | 2 | 2e ADDRESS | | | | |
| should be with the St | | BER | TF. MO | RTON | | St. Agnes | Hospital, E | altimor | e. Md | |
| 7 4 3 ₹ | 23a E | URIAL, CREMATION, RE | | | ME OF CEM | ETERY OR CREMATORY | 23d LOCATION | | | |
| | 1 | Burial | 7/15 | 6/85 Lo | rraine | Park Cemete | ry Woodlaw | m | YIMUC | Md. |
| - 16 60M 7/84 | 24_F | INERAL DIRECTOR | ussoll C U | taleo Funo | mol II- | mag D A 250 DATE | REC'D. BY REGISTRAR | A REGISTRAR | SISTEMATIC | JOE N |
| (VRA 15, 4) | 1 | 30 Edmonds | ussell C. Wi on AVenue, C | Catonsvill | e, Md. | 21228 JU | 1 5 1985 | what David | Son-Ma | nous |
| | | | | | | | | | | |

31

A

25 4 10 5 77 7 5

| FOR STATE REGISTRAR | | | DEPARTA | AENT OF H | E OF MARYI IEALTH AND ICATE OF | MENTAL HYG | IENE Š | REG. 1 | ٧٥. | 9 | 0 | 5 | 4 |
|--|-----------------|-------------------------------------|---|------------------------|--------------------------------------|----------------------------|------------|-------------------------------------|-----------|------------|---------------------------|------------------|----------|
| 1. DECEASED NAME (TYPE OR PRINT) | WILLIAM | | E. | | ERS | | 2a. DATE | OF DEATH | HINOM | DAY | YEAR | 2b HC |)UR |
| | MITTITAM | | E. | PEI | CAI | | | JU1 | 4 | B, 1 | 985 | | 56P |
| 3. SEX MALE | | * RACE WHITE | | 5. DATE (| | 1920 | 6 AGE (| in years last 8 | (RTHDAY) | MONT | HS DAYS | IF UND | MIN. |
| 70 BIRTHPLACE (STA COUNTRY) Maryland | ATE OR FOREIGN | U.S.A | WHAT COUNTRY? | 8. MARRIE WIDOWE | | MARRIED | | timore | _ | | DEATH | \ . | M |
| Baltimor | | | HOSPITAL, NURSIN THEACHITY, GIVE STREET SCOTT K | | | | {TYPE OF W | ALOCCUPA PORK FOR MOST ntenan | OF WORKIN | G LIFE) II | 2b. KIND ON NOUSTRY Fede: | | |
| OSUAL RESIDENCE (130 STATE Maryland | Mag. COU | ROTHER INSTITUTION. NTY IMORE | GIVE RESIDENCE BEFORE 13. CITY OR TOW Dundalk | N | 13d. INSIDE | CITY LIMITS? | | T ADDRESS Mars | | | Balt 2122 | | Md. |
| H FATHER'S NAME FIRST | | MIDDLE | Peters | | IS. MOTHER Dora | 'S MAIDEN NA FIRST a | | MIDDLE | | | LAS | ī | |
| 160 WAS DECEASED (YES, NO OR UNKNOW | (IF YES, GI | VE WAR OR DATES) | 16b SOCIAL SECU | | 17 INFORM | Le L. Ja | . mri a | ADDI | | 200 | as 13 | 2.0 | |
| | DEATH (Enter of | TE CAUSE (0) | | Moc | ndia | 0 10 | net | 0 | 50 | alite | APPROX. | MATE INTONSET AF | ND DEATH |
| Canditions, if | any, which | DUE TO, O | A.S. CV. | NCF OF | Irona | my arte | indi | seare | 2. | | 16 | yea | n. |

cause (a), stating underlying cause

CERTIFICATION 19g DATE OF OPERATION

21d. INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

21a, ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

gave rise to immediate

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

22e ADDRESS

CITY OR TOWN m) apinian death accurred on the date and hour and from the causes stated

NO

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

NO X

22a.1 certify that (1) (the

23b. DATE

DEGREE

ATTENDING L MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES X

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE ON PARTIE)

22b. SIGNATU

Ataollah Golpira M.D.

3029 Dundalk Ave. Balto., Md. 21222 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Burial 24 FUNERAL DIRECTOR

7/22/1985

Holly Hill Mem Gdns.

White Marsh Balto.

Md.

Duda-Ruck, Inc. 7922 Wise Ave. Balto Md 21222

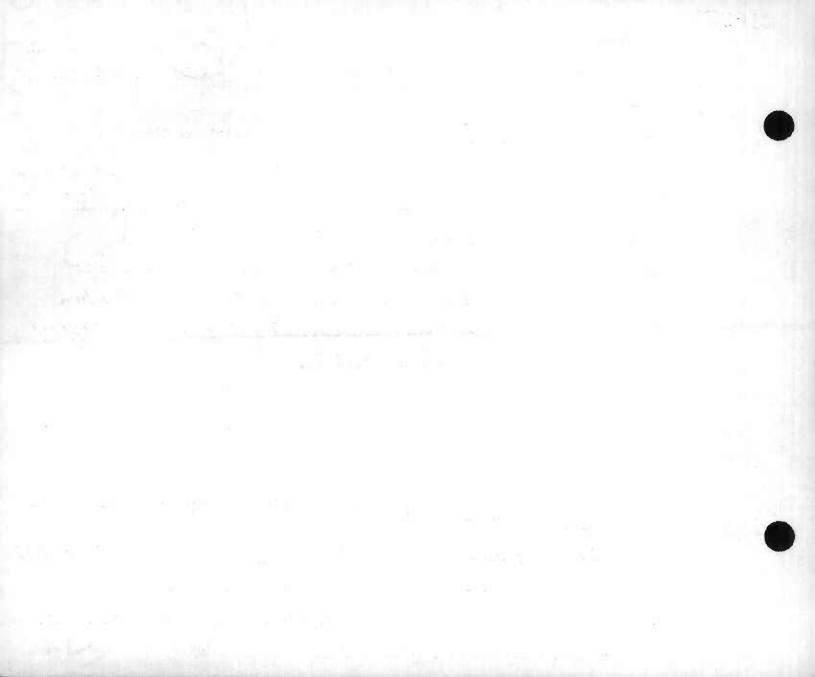
BY REGISTRAR 256 REGISTRAR'S SIGNAT

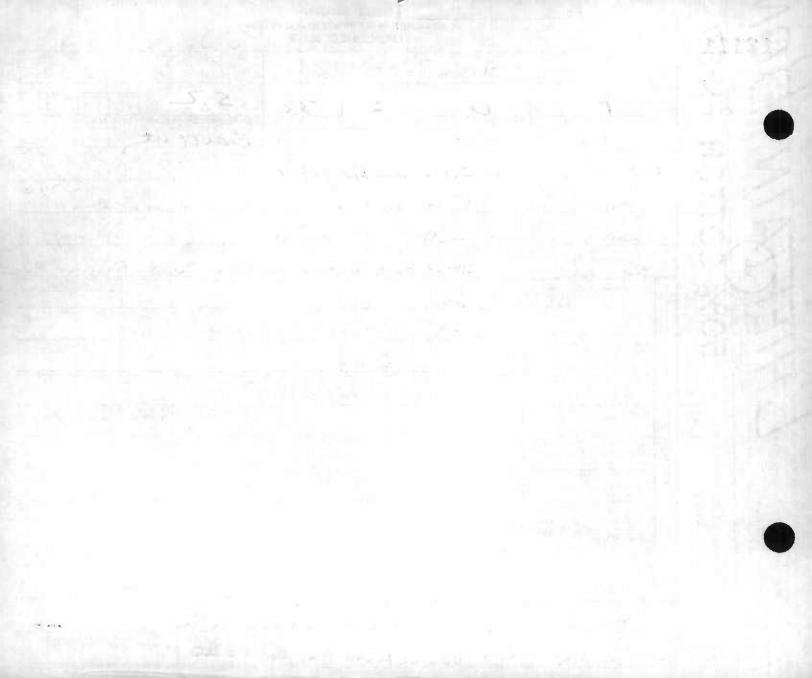
DHMH - 16 50M 4/B3 (VRA 15, 4)

O FUNERAL DI hould be detach with the State De

MPORTANT:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120





FOR

| | STATE OF MARYLAND | | | | |
|------|---|--|--|--|--|
| | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | |
| TRAR | CERTIFICATE OF DEATH | | | | |
| | | | | | |

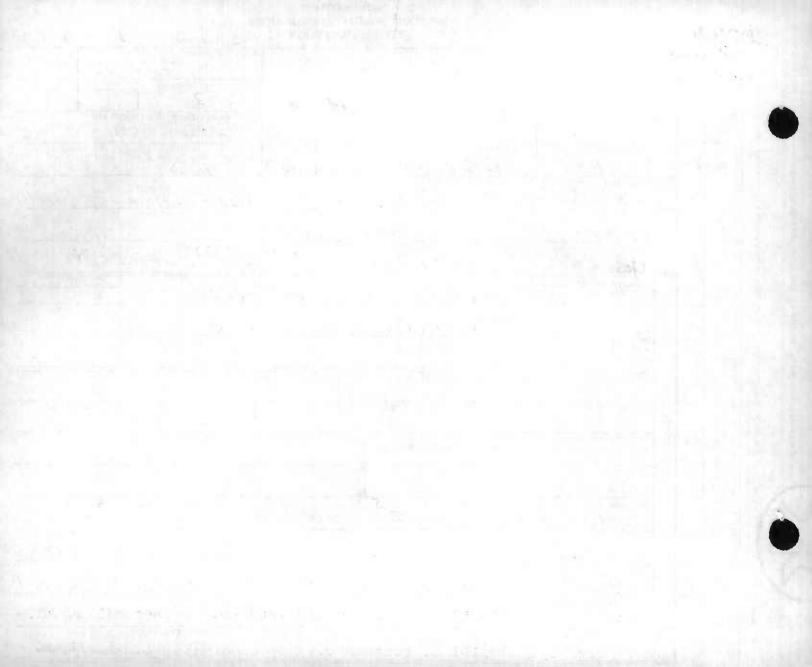
| 1 | REGISTRAR | | | CERTII | ICATE OF DE | ATH | - 8 | RIG. N | 0. | 9 | 0 | 5 | 6 |
|---------------|--|------------------------|---------------------------------------|-----------|--------------------|---------------|----------------|-------------------|---------------|---------------|----------|-------------|----------|
| | CEASED NAME FIRST | | MIDDLE | | LAS1 | | 20. DATE | OF DEATH | HINOM | DAY | YEAR | 26 HOU | JR a |
| ()11/2 | SHIRLEU | | P. | PH | HELPS | | | | 7 | 13 3 | 8.5 | 4.7 | MAOS |
| 3. SE | x/ | 4 RACE | | 5. DATE | | | 6 AGE | IN YEARS LAST BIE | THDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | FEMALE | a Asc | KION | MONT | DAY 13 | YEAR B Co | HE | 49 | YRS | MONTHS | DAYS | HOURS | MIN. |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) | | WHAT COUNTRY? | | D NEVER MA | - | 9 BALTI | MORE CITY | | | ATH | | |
| | COUNTRY MARYLAND | USA | | WIDOW | | DRCED [| | Z. | ALTO | C17 | 14 | | MD. |
| 10 C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTIT | TUTION | | AL OCCUPAT | | | | F BUSINE | |
| 0 | BALTO. | - | SNES 1405 | 0 | | 5.34 | 0 1 | nemai | | (IFE) [IND | USTRY | me | |
| 130 S | AL RESIDENCE (IF NURSING HOME CONSTATE | | GIVE RESIDENCE BEFORE | | 1 13d. INSIDE CIT | VIIMITCO | | T ADDRESS | | DE | | | |
| | ARYLAND ANNE | ARUNDEL | 10 | ARK | | 40 Y | 179 | FRAN | | CT | | 2114 | 6 |
| | ATHER'S NAME | MIDDLE | . LAST | | 15 MOTHER'S | MAIDEN NAM | ME | MIDDLE | | | 1 | | |
| | JOHN | G. | WIRTH | | | ITH | | G | | | HA | | |
| | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECL | IRITY NO. | 17 INFORMAN | T | 250 | ADDR | ESS | | | 1 | |
| | NO - | INE WAR OR DATES! | 212-36 | 1282 | KENNET | TH G. | PHE | PS. Jp | . (5 | SAME | AS. | 13 |) |
| | 18. CAUSE OF DEATH (Enter of | nly one cause pe | line for (a), (b), an | dic | | | | , , , | | | | MATE INTER | PEATH |
| | PART I. DEATH WAS CAUS | ED BY: TE CAUSE (0) | CARDIO | PUL | MONAR | RY F | RRI | EST | | | | | |
| | IN INCOME. | | D 46 4 CON105011 | | | | | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) METASTATIC BREAST CARCLIVOMA. | | | | | | | | | | | | |
| | gove rise to immediate | | | | | | | | | - | | | |
| | cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| | (c) | | | | | | | | | | | | |
| z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a | | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | TIBL COND | ITION FOR WHICH | OPERATIO | NI WAS DERECO | MED | 120- A | JTOPSY? | Tank is v | ES, WERE | EINIDINI | loc uses | |
| FICA | THE DATE OF OPERATION | 176 COND | INON FOR WHICH | OPERATIO | IN WAS PERFOR | MED | 200 A | JIOPST | | IFYING C | | | |
| RTI | AL ACCIDENT WAS UNDERVOOR F | T All Time C | A LINDY | | In Howell | | YES | | | YES 🗌 | | NO [| |
| | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | 216 TIME C | M. MONTH D | AY YEAR | 21c HOW INJU | JRY OCCURR | RED (ENTE | R NATURE OF INJU | RY IN ITEM 18 | B PART I OR I | PART 2) | | |
| CA | LIF EITHER NOTIFY MEDICAL EXAMINE | | M. | 19 | | | | | | | 1 | | |
| MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION | 1 | | CITY OR TO | OWN | cou | YTAL | 5 | TATE |
| 2 | AT WORK NOT WHILE | | | | | | | | | | | | |
| | 220 I certify that (I) (this hosp | oital) attended th | e deceased from_ | 7/ | 2 | 19.85 | , to | 7/13 | | . 19 8 | 5 , 1 | that (1) (v | we) last |
| | saw the deceased olive a | n 7/ | | 25,0 | nd that in (my) (c | url apinian c | death accu | rred on the d | ate and ho | our and fr | om the c | ouses sto | ated |
| | abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE | | | | | | | | | 220 | . DATE S | SIGNED | |
| | Latta R. Pilla: M.) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FOR | | | | | | | | | | 7/1 | 3/8 | 5 |
| | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | | | 22e ADDRESS | ITSICIAIT L | DIRECT | OK [] FITTON | NIN W | A series | 11. | 7/0 | - / |
| | LATHA K | TAS | PILLRI | | 3 VE | RITY | CT, | PARI | KVILI | L E, | MI) | 2/9 | 36. |
| | BURIAL, CREMATION, REMOVA | L 23b DATE | 23c N | NAME OF C | EMETERY OR CR | EMATORY | | CATION | | | | | |
| | CPE NAVETIAL (| Tuvis | 1985 W. | ESTWE | . 0 | ARTORY | | STULEV | v 1 | RAT | | | TATE N. |
| 24 FL | JNERAL DIRECTOR | PHINE! | -: 1/0.3 17 VE | P | 4.1 | Ista DATE | | Y REGISTRAR | | | GNATI | - | TE EXC |
| R | NAME LINES | n Il | 201 | | HE HWY | - Military | Ba zin | 7 4005 | 1 0. | Dund | | junde | 200 |
| 4 | MKKHNCO FUNEIS | HL Hemu | - SEVE | CAM | ark jud | 100 | and a light of | E. BREE | 1 | - desired | | | 100 |

DHMH - 16 60M 7/84 (VRA 15, 4)

BARRANCO FUNERAL HOME

BP.

| | | | | STATE OF MARYLAND | | | |
|--|---------------|---|--|--|---|--|-------------------------------------|
| 3330 | 1. | FOR STATE REGISTRAR | DEPAI | CERTIFICATE OF DEATH | GIENE SREG. NO | 196 | 5 / |
| m.c. i | | CEASED NAME FIRST | MIDDLE | LAST 200 | | MONTH DAY YEAR | 26 HOUR 95 |
| Tet ! | | KOLA | | PHICCIPS | | 7 6 85 | AM |
| s offer | 3. SE | MACE | 3LACK | S. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTH | HDAY) IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS |
| 93 | | RTHPLACE (STATE OR FOREIGN - COUNTRY) | 76. CITIZEN OF WHAT COUNTR | MARRIED NEVER MARRIED WIDOWED DIVORCED | | ore City | MD. |
| 少 | 10. C | BACTIMORE | (IF NOT IN SUCH FACILITY, GIVE STE | SING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | OF BUSINESS OR |
| 35 | USU 13a. : | AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN | ITY 13c. CITY OR TO | TIHORE YES \$\infty\ \text{NO } | 3500 FAIR | ZIP CODE VIEW AUE | 21216 |
| 300 | | ROBERT. P. | MIDDLE LAST | LLIPS LOUISE | MIDDLE | TAY | COR |
| . Pages | | YES NO OR LINKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL SE EWAR OR DATES) 2300 7 | 2302 Charani | ce Philip | 3500 Fai | rview A |
| ban papers removal. c event, the | | | ly one couse per line for (o), (b), DBY: E CAUSE (o) CARD! | O-PULHONARY | ARREST | APPROXI BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| ta burial, crematian, arr njury, or other traumatic | NO | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C | DUE TO, OR AS A CONSECTION OF THE TAST OF THE TO, OR AS A CONSECTION OF THE TON OR THE T | PATIC CUNG CA | ANCER MINAL DISEASE OR COND | DITION GIVEN IN PART 110 | D |
| ows ony | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR WH | CH OPERATION WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES | NGS USED OF DEATH? |
| temtal Hygie | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR 19 | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART 2) | |
| olth and Me marked or It | MEDICAL | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI | 21f LOCATION CE, FARM ETC.) STREET | CITY OR TOW | YN COUNTY | STATE |
| af Health | | 22a I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did no | 7//2 | m 7/3, 19/35 and that in (my) (aur) opinion | to 7/6 death occurred on the da | | that (I) (we) last causes stated |
| uid be detached the State Dept. | 13 | B. Badres | | DEGREE H. 1) . ATTENDING PHYSICIAN | MEDICAL STAF | FIAN 7 | 6/85 |
| should be determined by the State | | BASSIM | BADRU | | BALTIHORE | GENERA | 2 HOSP |
| | 23a | Burial, Cremation, Removal Burial | ^{23b. DATE} 7/12/85 | Garris Forest Ve | | | |
| 50M 4/83 | | UNERAL DIRECTOR | ADDRES | | TE REC'D. BY REGISTRAR | | |
| . 15, 4) | V | Vm C March F/ | H 1101 E. | North Ave. | 12 0 9 1985 | murdson-1 | anaesc |



203383

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - | REGISTRAR | | CERTIF | IFICATE OF DEATH 8 5 REG. NO. 1 9 0 3 | | | | | | | |
|---------------|--|---|---|--|---|---|--|------------------------------|--|--|--|
| | CEASED NAME FIRST | MIDDLE | L | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | | | |
| [111] | Frank | J. | . Pie | erce | | 7 15 | 85 | 4.304 V | | | |
| 3. SE | | 4. RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | THS DAYS | # UNDER 24 HRS HOURS MIN. | | | |
| | Male | White | 07/ | 17/ 15 | MONTHS DAYS HOURS MIN | | | | | | |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHA | COUNTRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | | | |
| | Maryland | U. S. A | WIDOWE | | re Cit | ity M | | | | | |
| 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSP | ITAL, NURSING HOME O | OR OTHER INSTITUTION | 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | | |
| | Baltimore | Union | Memorial | Hospital | Food Delivery Board of Ed | | | | | | |
| | AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL | VTY 13c. (| ESIDENCE BEFORE ADMISSIONI CITY OR TOWN Baltimore | 13d INSIDE CITY LIMITS? | 3022 Keswi | | d 2121 | 11 | | | |
| 14 FA | THER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | | | | | | | |
| | George Pierce | | | Sadie | Brown | | | | | | |
| | VAS DECEASED EVER IN U.S. AF | MED FORCES? 166 : | SOCIAL SECURITY NO. | 17. INFORMANT | ADDRE | SS | | 21211 | | | |
| | Yes W | | 13 07 2865 | Frank J. Pie | erce, Jr. 42 | 294 Cly | | | | | |
| | 18 CAUSE OF DEATH (Enter DI PART I. DEATH WAS CAUSE | | 9 101, (b), and (c) | J' 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| | | TE CAUSE (a) | espirator | y toulure | H - 11 - | 30 min | | | | | |
| | Conditions, if any, which | DUE TO, OR AS | A CONSEQUENCE OF | nfarction | | 7 hrs | | | | | |
| | gave rise to immediate cause (a), stating the underlying cause (ast. | DUE TO, OR AS | ular dise | ase | yea | 15. | | | | | |
| , | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| 10 Y | COPD, HI | MI, C | pronic at | mal no. | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | FOR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDINGS USED ING CAUSES OF DEATH? | | | | |
| RTSF | | | HG 11-2-32 | | YES NO | YES [| | NO D | | | |
| | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART | OR PART 2) | | | | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF IN (AT HOME, STREET, FA | JURY CTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TO | wμ | COUNTY | STATE | | | |
| | 22a. I certify that (I) this hasp saw the deceased alive or above 2(I) (we) (did) (did no | 7/15 | 19 85 01 | nd that in (my lour) apinian | death occurred on the do | . 19. ste and hour ar | 85 , | that (I) (we) last | | | |
| | 226 SIGNATURE | Me 11 | | DEGREE | | | | | | | |
| | Alberin , | 9 1111 | nes mo | O ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | |
| 1 | 20 PHYSICIAN'S NAME LYPE | PHYSICIAN'S NAME (PPE OR PRINT) 220 ADDRESS | | | | | | | | | |
| | Dr. Susan | G. Weiner | | Union Memorial Hospital | | | | | | | |
| 22 0 | LIDIAL CREATION REMOVAL | 122L DATE | | | 1234 LOCATION | | | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

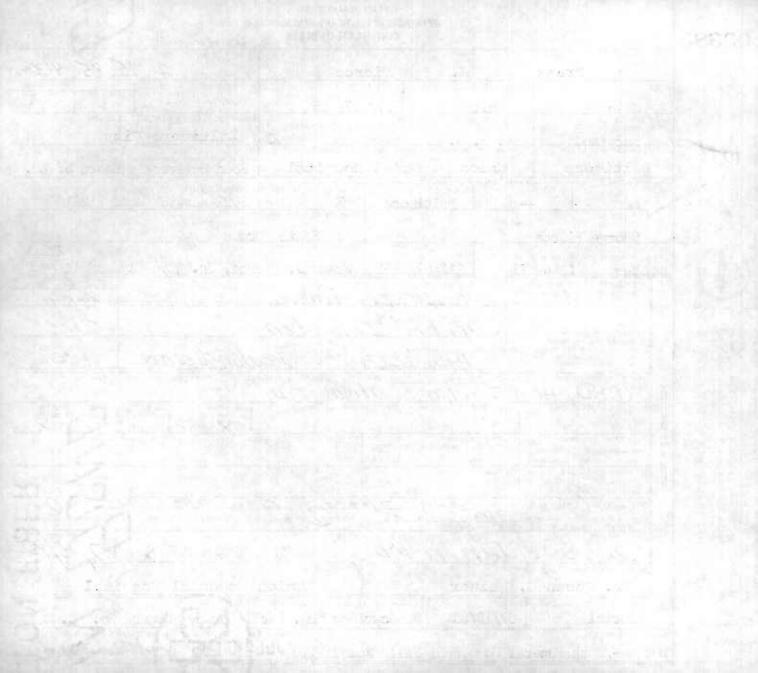
Burial

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, 3631 Falls Road21211

07/18/85

Dorsey Meadowridge Mem. Park

Howard Co. Md.



1407 Old Eastern Ave

in muracon Handalle

7/29/85 ria Per F.H. DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

CERTIFICATE OF DEATH

Film G605 item 5

Bruzdzinski Funeral Kome

REGISTRAR

DHMH - 16 60M 7/84

(VRA 15, 4)

207095

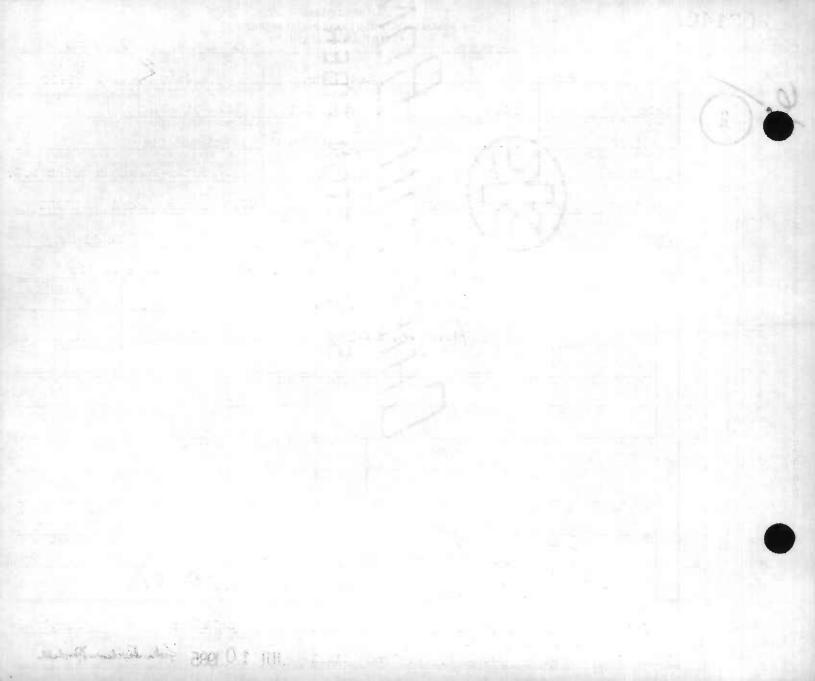
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

| HEALTH AND MENTAL H | TGIENE | | | | | |
|---------------------|--------|----------|---|---|---|---|
| IFICATE OF DEATH | 8 | REG. NO. | 9 | 6 | 6 | (|
| | | | | | - | - |

| | | REGISTRAR | | | | CEKITI | CATE OF DEATH | | SREG. N | 10. | 90 | 0 | U |
|-----|---------------|---------------------------------|-----------------|----------------------------|-------------------|-----------------|---------------------------|--------------|----------------------------|----------------|------------------|--------------|-----------------|
| | | CEASED NAME | FIRST | | MIDDLE | 1 | AST | 2a C | ATE OF DEATH | | DAY YEAR | 26. НО | UR |
| | | | Earl | | L, | Poi | st . Sr. | | Jı | uly 5 | 1985 | 9:3 | O PM |
| 9/ | 3.5EX | Carried Marie | | 4 RACE | | 5. DATE C | | | SE IN YEARS LAST BI | RTHDAY) | MONTHS DAY | | R 24 HRS |
| | Ma | le | | White | | 4 | 4 1914 | | 71 | YRS | MORITIS DAT | S MOOKS | MIN. |
| 1 | | RTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTR | RY? 8 | NEVER MARRIED | 9 BA | LTIMORE CITY | OR COUNT | Y OF DEATH | - 11 | |
| 2 | | ryland | 1 | U.S.A. | | WIDOWE | | | Baltimor | e City | 7 | | MD. |
| 1 | | TY OR TOWN OF | DEATH | 11. NAME OF | HOSPITAL, NUR | SING HOME C | R OTHER INSTITUTION | 1 120 1 | USUAL OCCUPAT | ION | 12b. KIND | OF BUSIN | |
| | Ва | ltimore | | | | | dical Cente | 37 | ard Mast | | | | R.R |
| 1 | USUA | AL RESIDENCE (IF N | NURSING HOME OF | ROTHER INSTITUTION | | FORE ADMISSION) | 13d. INSIDE CITY LIMIT | | TREET ADDRESS | / 7/D COD | | | |
| 2 | 11/2/2015 | rvland | | imore | Dundal | | YES NO IX | | 326 Kavai | | | 2122 | 22 |
| 51 | | THER'S NAME | | | | | 15 MOTHER'S MAIDEN | | | | | | |
| Ø | Sa | FIRST m | | WIDDLE | Pois | t | Kate | | WIDDLE | | Sch1 | i mm | |
| 2 | lóa V | VAS DECEASED EV | | | 166 SOCIAL SE | | 17 INFORMANT | | ADDR | ESS | Deni | Titute | |
| 4 | No | ES, NO OR UNKNOWN) | (IF YES GI | VE WAR OR DATES) | 213-07 | -8139 | Eleanora : | E. Poi | ist | Sam | ne as 1 | L3e | |
| | | PART I. DE ATE | ATH (Enter a) | nly ane cause per D BY: | 100 | A 4. | 0004/ | | | | BETWEE | OXIMATE INTE | RVAL D DEATH |
| | | | IMMEDIA | TE CAUSE (a) | C421 | aromy | oparny | | | | | | |
| | - 2 | | | DUE TO, O | R AS A CONSEC | OUENICE QF | , / | | | | | | |
| | | Canditians, if a | immediate | (b)_ | Im | 10,0 | 020 | | | | | | |
| 1 | | cause (a), sto underlying ca | ating the lust. | DUE TO, O | R AS A CONSE | DUENCE OF | | | | | | | |
| H | | PART 2 OTHER S | IGNIFICANT | CONDITIONS CO | ONTRIBUTING T | TO DEATH BUT | NOT RELATED TO THE | TERMINAL | DISEASE OR CON | NDITION GIV | VEN IN PART | lia | |
| | NO | 1.00 | | | | | | | | | | | |
| 1 | CERTIFICATION | 9a DATE OF OPE | RATION | . 19b. COND | ITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 20 | a AUTOPSY? | | S, WERE FINE | | |
| | TIE | | | | | | | YE | S NO | | ES 🗌 | NO [| |
| | S | 21a. ACCIDENT WAS | | 1 110110 1 | | DAY YEAR | 21c. HOW INJURY OC | CURRED (| ENTER NATURE OF INJ | URY IN ITEM 18 | PART I OR PART 2 | 1) | |
| | 3 | OR CONTRIBUTING (| | AIII | м. | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCC | URRED | 21e PLACE | OF INJURY | CE EARN FICE | 21f. LOCATION | The state of | CITY OR 10 | OWN | COUNTY | 77.4 | STATE |
| | 2 | WHILE NO | WORK | (AI NOME SII | CEL, FACTORY OFFI | CE, PARM EIC J | Jinker | | | | | | |
| -11 | | 220.1 certify that | (Î) (this hasp | ital) attended th | e deceased fra | m | | , t | a | , | 19 | _, that (1) | (we) last |
| Ö | | saw the deci | eased alive ar | of vice-the both | ofter death | 9 an | nd that in (my) (aur) api | inian death | accurred an the o | date and hau | ond fram t | he causes st | tated |
| | | 77h SIGNATURE, | 1 | -//// | 18 | | DEGREE | | | | 27r. DA | TE SIGNED | 1 - 1 |
| | | | 92 | 1/10 | Hear | - 1 | A D ATTENDE | | DICAL STA | | | | |
| | | 22d. PHYSICIAN'S | NAME ITTE | PRPPINT) | | 1-3 | 22e ADDRESS | 2/2 | 10 D | 0/ |) | | |
| | | 1 | 2.(| MaTho | m | | 1012 060 | 0 10 | all Pr | . / - () | 4 | | |
| | | URIAL, CREMATIC | ON, REMOVAL | 23b DATE | 2. | 30 NAME OF C | EMETERY OR CREMATO | ORY 23 | d LOCATION CITY OR TOWN | | COUNTY | UFF | STATE |
| | Bu | rial | | 7/8/1 | | Oak La | wn Cemeter | | Baltimo | | | | land |
| | 24 FL | JNERAL DIRECTOR | Duda- | Ruck, In | C . ADDRES | 55 | 250 | DATE REC | D. BY REGISTRAF | 25b REGIS | TRAR'S SIGN | ATURE | - |
| | 79 | 22 Wise | Avenue | Dun | dalk, M | laryland | 21222 | | U 1985 | Salle 1 | men dans | -Nonge | BL. |

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS

STATE OF MARYLAND

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| .00116 | 17 | FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE | 9662 |
|---|---------------|---|--|--|--|---|
| eoth / | | CEASED NAME FIRST OR PRINT) TEANE | TTE MIDDLE | PURTER | 20 DATE OF DEATH MONTH | 9 85 2.55 M |
| A street | 1.562 | F. | I RACE W | 5. DATE OF BIRTH MONTH DAY YEAR 3 7 | 6 AGE (IN YEARS LAST BIRTHDAY) 48 | IF UNDER LYEAR IF UNDER 24 HRS |
| 35 | | RTHPLACE (STATE OF FOREIGN) | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore City or COU | NTY OF DEATH |
| J43 | SH.CI | DI TILLOPE | (IF NOT IN SUCH FACILITY, GIVE STREET | IG HOME OR OTHER INSTITUTION ADDRESS) LORE GENERAL HOSP | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HACHING OF | |
| 100 | IDE S | | -3 100 00 3 | | 130 STREET ADDRESS / ZIP C | ODE ADOW Rd. 21225 |
| 130 | I4 FA | THER'S NAME ALFRED | ME CA | ULEY GLADYS | WE | FORTHAN |
| Page 1 | | VAS DECEASED EVER IN U.S. ARA ES. NO MORNOWN) (IF YES, GIVE | MED FORCES? 166 SOCIAL SECU WAR OR DATES) 21934/1 | 458 Chart | SOUTH BACTIT | HORE GENERAL HO |
| oth certificate ending physic s carbon pape n, or removal matic event, t | | PART I. DEATH WAS CAUSED IMMEDIATE | one cause per line far (a), (b), and BY. CAUSE (a) | PUCHONARY A | RREST | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| that the de by the att sase remave al, cremation r ather trau | | Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last | DUE TO, OR AS A CONSEQUE | | CHNCER | |
| equires in signed Then ple r to burn injury, a | NOI | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 110 |
| he low r on. has bee t permit. iene priai | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO |
| ICIAN: T 3 physici entificate iol-transi ntal Hyg em 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH DA | | RED (ENTER NATURE OF INJURY IN ITEN | N 18 PART I OR PART ?} |
| offending ter this c s the bur ond Me | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| NITENDIN spital or CIOR: Af for use o of Health | | 220.1 certify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did not | ol) oftended the deceased from | | , to 7/9 death occurred on the date and | hour and fram the causes stated |
| AL OR A the hos AL DIREC Jetoched ote Dept T: If Hem | | 276 SIGNATURE BANDE | 6 | DEGREE H. D. ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/9/95 |
| HOSPII bined by FUNER ould be outh the Ste PORTAN | | 22d. PHYSICIAN'S NAME (TYPE OR BASSIH B | ADRO | 22e ADDRESS | | NERR HOSP. |

DHMH - 16 60M 7/84 (VRA 15, 4)

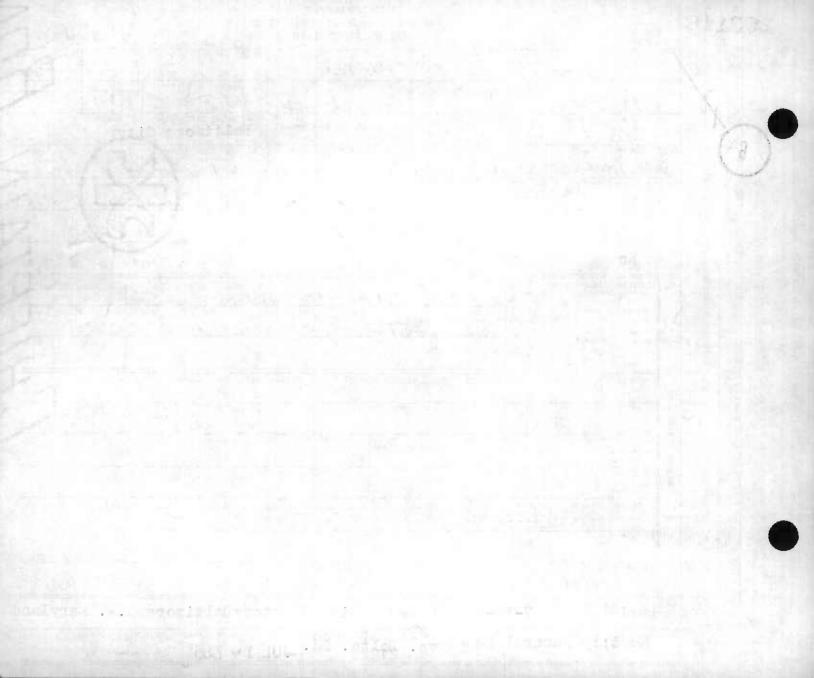
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230 BURIAL, CREMATION, REMOVAL 7-10-85 24 FUNESAL DREACH FUNERAL HOME Are.

Cedar Hill CemeteryBaltimore A.A. Maryland

tapsco Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

" - er Imos - Martineria"



| | | It | | a 8/1/85 | F#60 | 6 mtl | 0 | | | ARYLAN | | | | | | |
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| | | 11- | FOR | | | | DEPART | MENT OF | HEALTH | AND M | ENTAL H | YGIENE | | | | |
| | 2000 | | REGISTRAR | | | ME | DICAL | EXAMIN | IER'S C | ERTIFIC | CATEO | FDEATH | In di | REG. NO | 0 6 1 | |
| 40 | 3302 | | ECEASED NAM | E FIRST | | | MIDDLE | | | LAST | | Za. D | ATE KNO | WN X WON | DAY YE | 2h WOUR |
| - 1 | 98962 | | | Jame | es | | | | Po | wers | | | OF ES | TED 7 | / 5/. 1985 | -3 M |
| 10% | #U408 | 3. SE | X | 4. RACE | | E OF BIRTH | YEAR | 6. AGE (IN YE | ARS IF UN | DER 1 YR. | IF UNDER 2 | | DATE | MONT | | 18:19UF |
| | *** | M | ale | Black | 1 5 | 13 | 24 | 6/ Y | AY) MONTH | S DAYS | HOURS | | NOUNCED DEAD | 7 | / 5/ 19 85 | |
| 1- | 17 35 L | | BIRTHPLACE IS | | 7h CIT | IZEN OF WI | | VTRY? | 8 | | /50 DD. | 9 BA | ALTIMORE | CITY OR COL | NTY OF DEATH |) 1 L M |
| | 品品の意思 | | N.C. | | 1 | JSA. | | | WIDOW | | VER MARRIE DIVORCE | | 1+im | ore Cit | 7 | 2.113 |
| | S. S. S. | 10. 0 | ITY OR TOWN | OF DEATH | | | PITAL NU | IRSING HOM | | | | - Du | CCUPATIO | ON (TYPE OF WOR | X 12b KIND OF B | MD. |
| | AY IS THE F FILED | | D-144 | | (IF h | NOT IN SUCH FA | CILITY, GIVE S | STREET ADDRESS) | | | | FOR MOST C | sable | IEE) | OR INDUS | TRY |
| | DE NO | USU | Balti | MOTE (IF IN NURSING HOM | | | | narles | | | | | | | | |
| 21201 | S1, 2, AND 3TO THE FU PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED. Y VITAL RECORDS, YOU W. | | MD. | 13h. COL | | | Balt | timore | | 13d INSIDE C | NO . | 5250 S | t.Cha | arles A | ve.212 | 15 |
| MD. | T. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | 14. F | ATHER'S NAM | E | WIDDLE | | | | | 15 MOTHE | R'S MAIDEN | | MIDDLE | | | |
| | | | John J | | MIDDLE | | Pov | vers | | | erty | | | Newkirk | LAST | |
| No. | | lóu. | WAS DECEASE | DEVER IN U.S. | ARMED FO | RCES? | 16b 5O | CIAL SECURIT | Y NO. | 17 INFORA | | | | DDRESS | | |
| BALTIMORE, | JRS AFTER 3. GIVE PA WITH FOR T. PAGES DIVISION | | YES, NO, OR UNKNO | OWN) (IF YES, GI | WE WAR ORD | ATES) | 244- | -20-946 | 52 | Elva | Gibso | n 5250 | St. | Charle | s Ave.21 | 215 |
| | | | 18 CAUSE C | OF DEATH (Enter | only one co | ouse per line | for (o), (b |), ond (c).) A | cute | | | Alcoho | | | APPROXIMA | ATE INTERVAL |
| PRESTON ST | 5-053 | | PARTIDE | EATH WAS CAUS | SED BY: | | | riocale | roti | Care | liovac | cular | Dicos | 250 | BETWEEN ON | ET AND DEATH |
| Į. | THIN 24 H JER ALON ANSIT PER AL HYGIEN REMOVAL | | 200 | IMMED | | SE (0)- | ****** | NSEQUENCE - | OF |)- Car | XIOVAC | oulai | DIOCE | X0-0 | | |
| E SE | EAN SING | | | ns, if ony, whi | | | | | | | | | | | | |
| ×. | 3 X SEEK | | | ise to immedia) stating the unde | | (b) | AS A COR | NSEQUENCE | OF | | | | | | | |
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| | S S S S S S S S S S S S S S S S S S S | | PART 2 OTHER C | IGNIFICANT CONDITIO | NC CONTRIBUT | (c) | BUT MAT BEE | 1750 10 705 750 | | 0 | | | | | | |
| DIVISION OF VITAL RECORDS, | HOULD BE EXECUTED RID "PENDING" IN PROPERTY IN PROPERTY IN PROPERTY IN PROPERTY IN PROPERTY AND MEION, CREMATION, CREMATI | Z | THAT I WINER ? | ION II CANT CONDITIO | N) CONTRIBUT | INO TO BEATH | DOL MOLKELY | ALEG TO THE TERM | NINAL UISEASE | OK CONDITION | M PIAEM IN LAKI | 110. | | | | |
| E C | MEN WEN WEN WEN WEN WEN WEN WEN WEN WEN W | CERTIFICATION | 19n DATE OF | OPERATION | | 18h CONDI | ION FOR | WHICH OPER | ATION W | AS DEDECOR | MED2 | | | | 20 AUTOPS | |
| Z. | SHOULD ORD "PE CHIEF A E USED A TOF HE | 5 | | | | 178. CONON | IOITTOK | WINCH OF ER | CATION W | AS FERFOR | MED: | | | | | |
| 5 | SCOMP J | H E | 71e EXTERN | AL CAUSE WAS | | 21b. TIME OF | INTERP | | Tale No | VACIALILIDY | OCCUBBED | . FAIRED AVAILABLE | | TEM 18 PART I OR | YES 💢 | NO [|
| ō | THE WOULD BY STANEN | | UNDERLYING | G DOR | 144 | HOUR A.M | | DAY YEAR | R ZIE. FIC | AA IIAJOKI | OCCURRED | ENIER NATURE | OF INJURY IN | TIEM 18 PART I OR | PART 2} | |
| Ö | SHO PRIOR | MEDICAL | 21d. INJURY | NG CAUSE O | | P.M 21e PLACE C | | 19 (AT HOME, | 201.101 | 171011 | | | | | | |
| N N | SE 38 | MEC | | | | | ORY, FARM, E | | | REET | | CITY | OR TOWN | | COUNTY | STATE |
| | A A A A A A A A A A A A A A A A A A A | | AT WORK | NOT WHILE AT WORK | | | | | | | | | | | | |
| | IEE: THIS CERTIFICATE CATE, WRITING THE WA FORWARDED TO THE OR: PAGE 3 SHOULD B HE STATE DEPARTMEN IND, 21201 PRIOR TO | | 22a I certi | ify that I took cha | orge of the | remoins des | cribed obc | ove, held on | Autops | y X. | Inspection | , Inc | quiry . | , ond in my | opinion | |
| | A CHANGE | | death result | ed from: No | turgh-equise | s X | Accident | D, Su | icide . | Homic | ide . | Undetermin | ed monner | | | |
| | EXAMI CERTIFI ULD BE DIRECT WITH | | 2011 | 1 | / | -/ | | | | TITLE (S | PECIFY) | | | | | |
| | A THE | | SIGNATURE | X | 10 | Y | | | Μ. | D. Ass | istant | MEDICAL | FYAMINER | DAT | E 7/6 | /85 |
| | DEA SEA | 7 | EVALUATE | | | 1 | | | | | | | | 310 | | |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, EXECUTE THE CERTIFICATE, TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2 | - | (TYPE OR PRI | NT) Gre | egory | R. Ka | uffm | an, M.I |) | ADDRESS_ | 1 | 11 Per | n St. | | | 100 |
| | PATO PETO | 23 e. l | | TION, REMOVAL | | | 23c. 1 | NAME OF CE | METERY OF | CREMATO | ORY | 23d. LOCATI | ON | | OUNTY | STATE |
| 07/84 | BP | 1 | Buria1 | | 7-9 | -85 | A | doram E | Bapti: | st Chi | urch | Wall | ace, | | Carolina | STATE |
| 25M | DHMH - 17 | | FUNERAL DIREC | | 41,41 | 4000000 | | | | | 250. PARE | C'DTAY REG | STEAR 24 | LEGISTRAR | SIGN) VIRE | V9 |
| | (VR A15 ME (5)) | V | Villiam | C. Brow | n 120 | 06-08 | W. No | rth Av | e. | | JUL | 0 130 | 00 | The same | mary-Marian | - |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 1.90084 REGISTRAR NO. NO 20. DATE OF DEATH . DECEASED NAME MONTH 26. HOUR B .c (TYPE OR PRINT! poge arrie & AGE IN YEARS LAST BIRTHDAY IF LINDER TYEAR IE LINDER 24 HR SEX DATE OF BIRTH DAYS MONTH YEAR 23 18 67 Black 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) GEorgia BALTIMORE CITY. U.S.A. WIDOWED I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY L. DEATON MEDICAL TER BALTIMORE USUAL RESIDENCE (IE NURSING HOME OR OTHER INSTITUTION 21213 13a. STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? MARYLAND BALTIMORE YES X NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST FEss Corker Minnie 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES. NO OR UNKNOWN) (IE YES, GIVE WAR OR DATES) 215-22-8476 John President 1817 E Lafayette NO ŧ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Respiratory IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF one month Anoxic Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

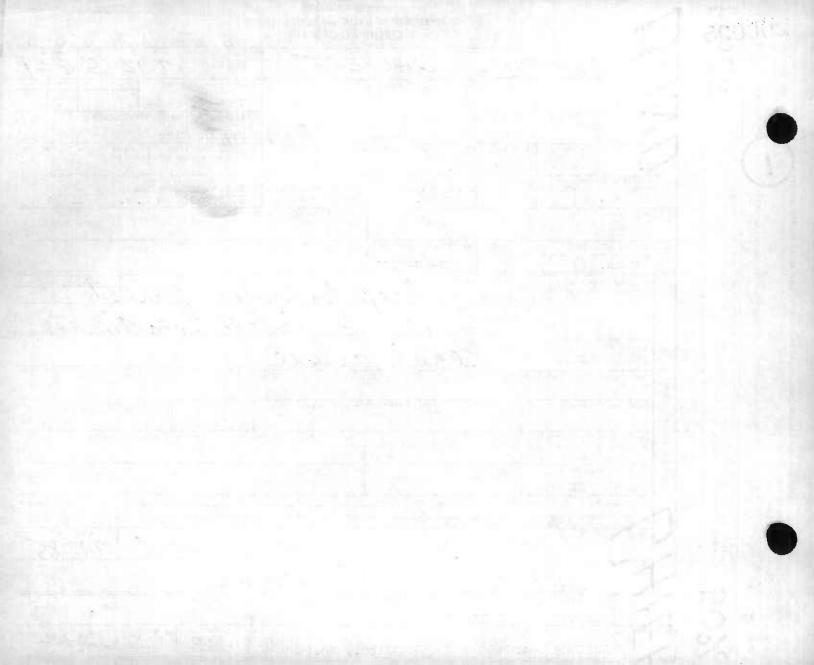
1817 E. Lafayette Avenue CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NOX YES T NO [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION ō COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN NOT WHILE WHUE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from June saw the deceased alive an July and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED July 1, 1985 ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN X 22e ADDRESS Maria Delgado M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 23b. DATE CITY OR TOWN STATE BURIAL 7/8/85 Ga. Fellowship Bapt.Ch Waynesboro. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 1101 E. William C. March F/H North Avel.11 (VRA 15, 4)

Acres area discours er tight et einig

Balto., Md.

(VRA 15, 4)

Anatomy Board



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | | CERTIF | ICATE OF D | EATH | UP h | REG. NO | | | , | 1 |
|---|--------------------------------------|--|--------------------------|-----------------------|--------------------|---------------------------|-------------------------------|---------|----------------|--------------------------------|-------------|
| I. DECEASED NAME FIRST (TYPE OR PRINT) WILLIAM | | WEL | PR | AST LCE | | 20. DAU O | | ONTH D | 3 85 | 10 110 | URS 05 |
| 3. SEX MALE | 4 RACE WHITE | | 5. DATE O | | YEAR 13 | | YEARS LAST BIRTH | | IF UNDER I YEA | R IF UNDE | ER 24 HRS |
| TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | R | NEVER M | | 9 BALTIMO | PRE CITY OR TIMORE | COUNTY | OF DEATH | | |
| BALTIMORE CITY | LIE NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET LEMORIAL | ADDRESS | | ITUTION | TYPE OF WOR | OCCUPATION FOR MOST OF SINTER | | | OF BUSIN | VESS O |
| SUAL RESIDENCE IN NURSING HOME O | OR OTHER INSTITUTION INTY | 134 CITY OR TOW | VN | 13d INSIDECI YES 🔀 | NOB | 7017 | ADDRESS / | | CIR# | D 21 | .239 |
| 14. FATHER'S NAME FIRST ROSCOE | WIDDLE | Price | | Edna Edna | FIRST | ME | WIDDFE | | Todd | LAST | |
| (YES NO OPPINKNOWN) (IF YES, GI | RMED FORCES? | 2130365 | | AUDRE | | CE 7 | 017 L | - | an C | ir #: | D |
| Conditions, if ony, which gove rise to immediate couse (o), stating the | ED BY: ATE CAUSE (0) DUE TO, O | Ine for 101, (b), or Respu | SALO SENCE OF SOCA | ucus | nest | ofthe | lung | 2 | BETWEE | Of XA | ENO SINO |
| PART 2. OTHER SIGNIFICANT 19a DATE OF CHERAL CONT 21a ACCIDENT WAS UNDERLYING [| a Sluc 19h CONDI | and Contributing to which | Ade | NO CA I | rosh | INAL DISEAS 200 AUTO YES | SE OR COND NO TO | 3/01 SI | WERE FINE | ONGS USI | ATH? |
| 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALWORK | P. PLACE | M. MONTH D M. | 19 | 216 LOCATIO STREET | iury occurr | RED (ENTERN. | ATURE OF INJURY | | COUNTY | | STATE |
| 270. I certify the (1) this hosp sow the desegred alive or obove. (1) we (1 did) (did no 27b. SIGNATURE | ot) view the body | The state of the s | 11 | 10 P | TTENDING PHYSICIAN | MEDICAL | STAFF | | | that (I) ne couses s TE SIGNED | |
| ALICIA A. COC | | , (| | 22e ADDRESS UNION | | IAL HO | SPITAL | | | | |
| 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | 23b. DATE 7/4/8 | | NAME OF C | EMETERY OR C | REMATORY | 23d LOC | ATION FOR TOWN | | COUNTY | | STATE |

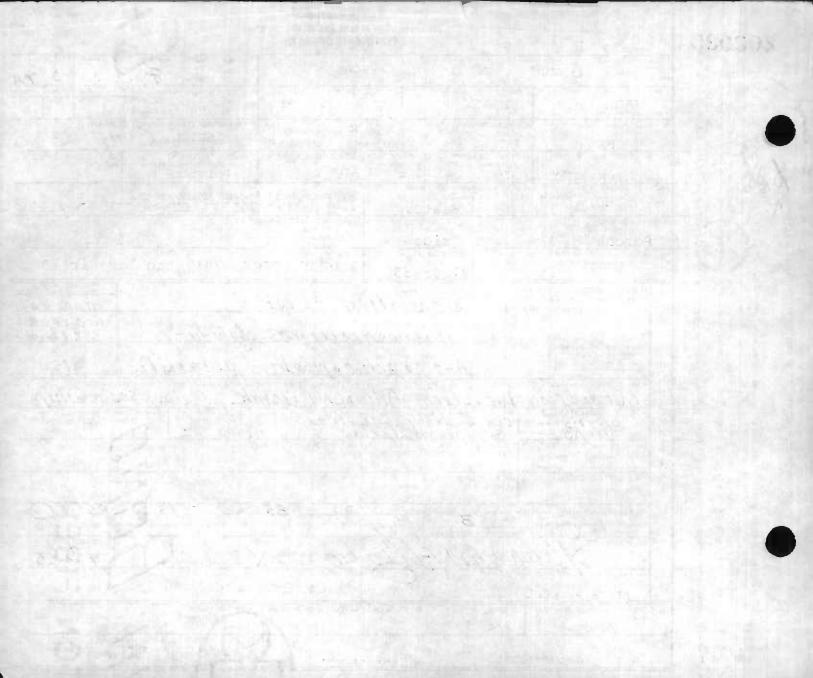
DHMH - 16 50M 4/83

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA

24 FUNERAL DIRECTOR (VRA 15, 4) Anatomy Board

Balto., Md.

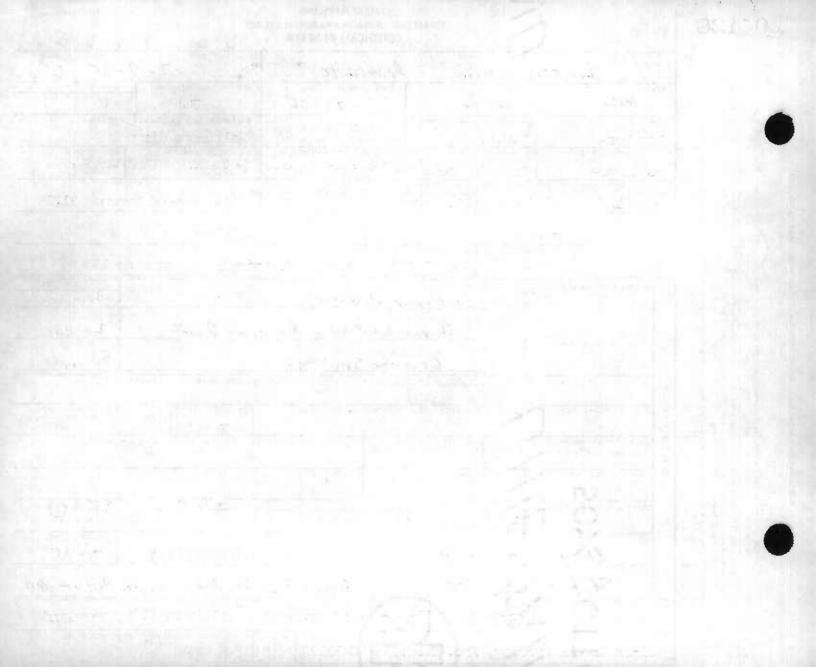
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



Walter Brooks Bradley, Inc. Dundalk, MD 21222

DHMH - 16 50M 4/82

(VRA 15, 4)



- STATE REGISTRAR

I. DECEASED NAME TYPE OR PRINTE

Male

Balto.

4 FATHER'S NAME

No

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Pritchard

5. DATE OF BIRTH

CERTIFICATE OF DEA

| TH | 8 26. | NO. | 1 9 | 0 | 6 | 3 |
|------|------------------------|----------|-------|------------|----------|-------|
| | 2a. DATE OF DEATH | HINOM | DAY | YEAR | 2b. HOU | JR 🔝 |
| | | 7 | 12 | 85 | 1/41 | 2 |
| | 6 AGE (IN YEARS LAST B | HRTHD AY | IF UN | DER I YEAR | IF UNDER | 24 HR |
| YEAR | 7.0 | | MONT | DAYS | HOUR5 | MIN |

BALTIMORE CITY OR COUNTY OF DEATH

To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? S.C. MARRIED NEVER MARRIED USA WIDOWED ID CITY OR TOWN OF DEATH

Pritchard

DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

17 INFORMANT

30

Baltimore City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

MISUAL RESIDENCE OF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 13c CITY OR TOWN Balto Md

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).

4 RACE

Black

YES T NO 1710 Llewelvn Ave. 21213 15 MOTHER'S MAIDEN NAME Jennie

13d. INSIDE CITY LIMITS?

MIDDLE

Monk 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST

Louie

251-14-2110

166 SOCIAL SECURITY NO

1710 Llewelvn Avenue

Nell Paylor

1825 N. Broadway

PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

ardiac

DUE TO, OR AS A CONSEQUENCE OF

Cardiomicale disense

13e.STREET ADDRESS / ZIP CODE

ADDRESS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21s. PLACE OF INJURY

211. LOCATION STREET (AT HOME STREET FACTORY OFFICE FARM ETC.)

NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from

21d INJURY OCCURRED

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

saw the deceased alive 22b. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22c DATE SIGNED

27d PHYSICIAN'S NAME TTYPE OF PRACT - SHIANG CHEN 22e ADDRESS

DEGREE

COUNTY

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 7/17/85 23c. NAME OF CEMETERY OR CREMATORY St. John

Bap. Ch

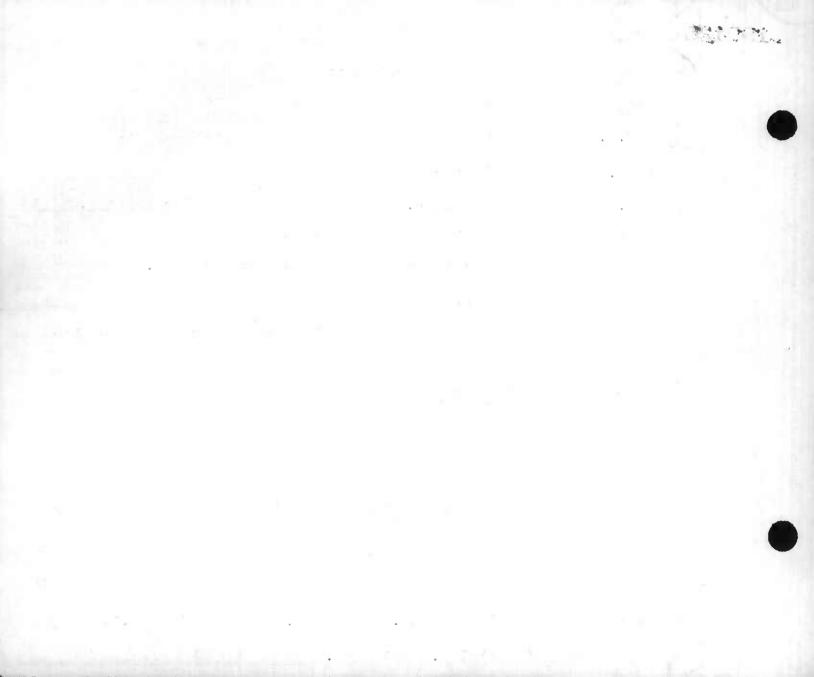
Snowhill,

STATE

STATE

Wm C March F/H 1101 E. North Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)



BALTIMORE,

W. PRESTON ST.

RECORDS

DIVISION OF VITAL

- STATE

TYPE OR PRINTI

Maryland

Maryland

4 FATHER'S NAME

REGISTRAR DECEASED NAME

Female

To BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Baltimore

Roy

(YES, NO OR UNKNOWN)

USUAL RESIDENCE (IF NU

May

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse lost

198 DATE OF OPERATION

21d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE 22a.1 certify that (I) (this haspital) attended

4 RACE

COUNTY

Howard

None

IMMEDIATE CAUSE 10

sow the deceased alive on above, (1) (we) (did Pdid not) view the bady after death.

OHA

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:

MIDDLE Webster

Th CITIZEN OF WHAT COUNTRY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND ME

| | | STAIL | OFMARTLAND | | | | | | | |
|-------------|------------------------|------------|--|---------------------|---------------------------------|----------------|------------|----------------------|------------|--------------|
| | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 | R.G. NO | | 9 | ð | 6 | 9 |
| | MIDDLE | ı | AST | 20 DATE C | | | DAY | YEAR | 26.HOU | R |
| Sc | ophia | Pr | <i>t</i> or | 1 | | 7 | 1-4 | 15 | 125 | 1500 |
| CE | P. 2 | 5. DATE C | | 6 AGE (IN | YEARS LAST BIRT | HDAY) | IF UNDER | | IF UNDER | 24 HRS |
| Whit | te | Nov. | 28 1918 | | 66 | YRS | MONTHS | DAYS | HOURS | MIN, |
| | WHAT COUNTRY? | 8. | | 9 BALTIMO | ORE CITY OF | | OF DE | ATH | | |
| U.S. | Α. | WIDOWE | DI NEVER MARRIED U | Balt | imore | City | | | | MD. |
| | | | OR OTHER INSTITUTION | 12a USUAL | OCCUPATIO | NC | | | BUSINE | |
| t. As | ines Hospi | tal | | | rk for most of mstres | | | ustry Fact | corv | |
| | GIVE RESIDENCE BEFORE | ADMISSION) | | lu capera | 1000000 | 710 0000 | | 212 | | |
| | Elkridge | | YES NOXX | 5797 | ADDRESS / Elkrid | lge He | eigh | | | |
| | | | 15 MOTHER'S MAIDEN NAM | | | 0 | | | | |
| ter | Grable | 9 | Rose | | Alice | | | Davi | S | |
| FORCES? | 166. SOCIAL SECUI | RITY NO. | 17 INFORMANT | | 5799°E | S Ent | | | | Azro |
| OR DATES) | 216-10-23 | 355 | Lester W. Pry | or | Elkrid | lge. N | ld. | 2122 | 27 | Ave. |
| e couse per | line for (a), (b), and | Ic. 1 | 2 - 1 | | | <u></u> | | | NATE INTER | VAL DEATH |
| USE (o) | Myocas | Dia | 1 Injanctus | n | | | | | | |
| | R AS A CONSEQUE | NGE OF | 0 | | | | | | | |
| (b) | ASCU | D | | | | | | | | |
| DUE TO O | R AS A CONSEQUE | NCE OF | | | | | | | | |
| (c) | | | | | | 1 | | | | |
| TIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEA | SE OR COND | ITION GIV | EN IN P | ART 110 | | |
| | | | | | | | | | | |
| 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUT | OPSY? | 206 IF YES | , WERE | FINDIN | GS USED | H2 |
| | | | | YES [| NO | YE | | | NO [|] |
| HOUR A. | | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTERN | ATURE OF INJUR | Y IN ITEM 18 F | ART I OR F | ART 2) | | |
| | Μ. | 19 | | | | • | | | | |
| | OF INJURY | RM FT | ZII LOCATION | | CITY OR TOV | VN | COL | NIY | 51 | TATE |
| | | 2/ | 00 | | 21. | - 1 | | | | |
| ttended fr | e deceased from | 2/21 | 10 0 0 | , to | 1/2 | 1 | 19 8 | | hot (1) (v | |
| w the body | olter deoth. | 0/3 or | d that in (my) (our) opinion o | death occurr | ed oh the do | te and hou | r and fr | om the c | ouses sto | ted |
| 7 1 | C. INN. W | | DEGREE | | | | , 220 | DATES | IGNED | |
| - 1 | avery | 1 | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | | | | 7/2 | 1/8 | 2 |
| | 1 1.00 |), / | 22e ADDRESS | 1 . | 105 | 2 (1 | | 1 | 110 | |
| 1 | LAVER | -1 | IST Agall F | 408 De | tal L | Salt | ima | 701 | MU. | |

В or other trac prior the buriol-transit per and Mental Hygiene 8 ö DIRECTOR shauld be detached for with the State Dept of I FUNERAL MPORTANT: 0

CERTIFICATION

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial ulv 25 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

.1985

23c NAME OF CEMETERY OR CREMATORY Wellers Cemetery

> 23d LOCATION CITY OR TOWN Thurmont

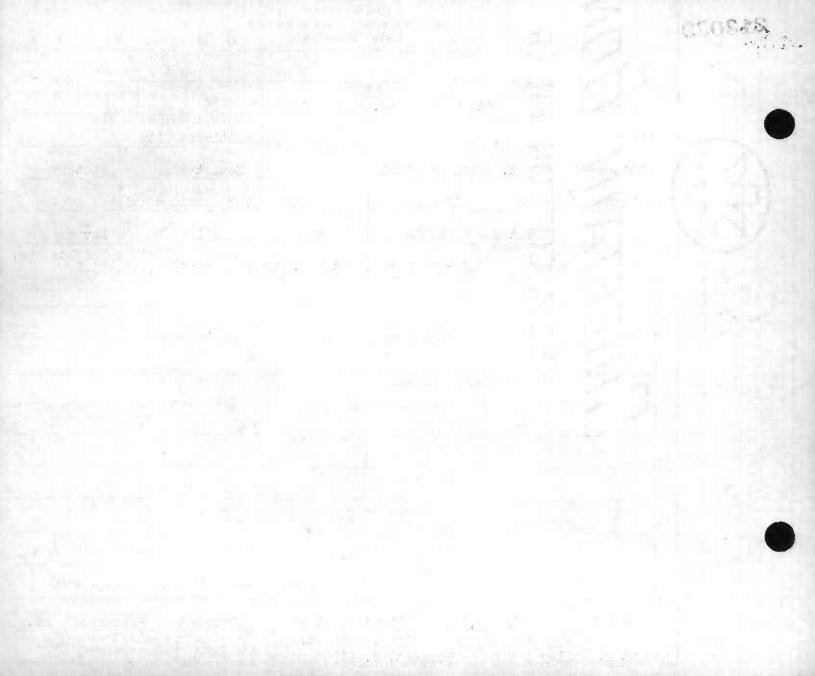
Frederick

Md.

ADDRES 615 E. Main St. E. Dailey & Son Thurmont.Md. 21788 Robert

23b DATE

250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE dia Davidson-Asndala



STATE OF MARYLAND

| EPARTMENT | OF HEALTH | AND | MENTAL | HYGIENE |
|-----------|-----------|-----|--------|---------|
| CEI | RTIFICATE | OF | DEATH | |

| TI. DECEASED At DRECTOR: After this certificate has been signed by the ottending physician and defacted to use as the buriol-transit permit. Then pleases remove corbon popers. Page 1. See 1. | | | SIAI | EUTMAKILAND | | | |
|--|-----------------|--|---|---------------------------------------|-------------------------------|-------------------------------------|--|
| | 1 | | DEPAR | TMENT OF I | HEALTH AND MENTAL HYG | IENE | |
| DAR9 | 1 - | REGISTRAR | | CERTIF | FICATE OF DEATH | 8 3 | 19570 |
| 1004 | I DE | | WIDDLE | | LAST | REG. NO. | DAY YEAR 26 HOUR & |
| 5 | | OR PRINT) | | | 1.1 | 28. DATE OF DEATH MONTH | 28 1100K 20 |
| 1 | | Lilli | an E | 4 | fuillen | 7 | 1 85 1010AM |
| 1 | 3. SE | (| 4 RACE | S. DATE | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | | Female | Caucagior | MONT | 7 | 211 | MONTHS DATS HOURS MIN. |
| | 7. 01 | RTHPLACE (STATE OR FOREIGN | Caucasion | | 1 20 10 | /FI YE | |
| 2/ | | | The CITIZEN OF WHAT COUNTR | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COU | NIT OF DEATH |
| 5 | 2 | MD | USA | WIDOW | ED DIVORCED | Balti | nove City MD. |
| -19 | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | OR OTHER INSTITUTION | 128 USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| 23 | 1 | Rollinger 1 m | University | | tal | Hame was Cer | Own Home |
| - | LISU. | AL RESIDENCE LIE NURSING HOME | OR OTHER INSTITUTION GIVE RESIDENCE BEF | | cai | Rome maker | Town Home |
| 51 | 130 5 | STATE 13b CO | UNTY 13c CITY OR TO | | 134 INSIDE CITY LIMITS? | 130.STREET ADDRESS / ZIP C | ODE |
| 5 | 100 | mo - | Balt | more | YES NO | 2017 Marie | Ha Ave 2123 |
| | 14 FA | THER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | ME AGOR | Watkins |
| F | - | 0-11 | Ene | | XXXXXX | A 401 | |
| \sim | 16s V | VAS DECEASED EVER IN U.S. | | | | ADDRESS - | XXXXXX |
| 1 | | rES, NO OR UNKNOWN) (IF YES. | GIVE WAR OR DATES) | , , , , , , , , , , , , , , , , , , , | "Susan Q. | Irons, All Dess Dy | rness Ct. |
| | | No | 215 1 | 0 1377 | A XXXXXXX | XXXXXXXXXXXX | 21234 |
| | - | 18 CAUSE OF DEATH (Enter | only one couse per line for (a), (b), | and (C1) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 7.1 | | PART I. DEATH WAS CAU | ISED BY: | o mila | ronany M | rest | |
| | - | IMMED | | 1 | | ~ | |
| | | | DUE TO, OR AS A CONSEC | 1 1 5 | 7 / | | |
| | 119 | Conditions, if any, which gave rise to immediate | (b) Meta | Stati | c. Colon | Cancer | |
| | | cause (a), stating the | DUE TO, OR AS A CONSEC | UENCE OF | | | |
| | | underlying couse lost | (() | | | | |
| | | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 1/2 |
| | Z | | | | | | 0.00 |
| | E | 190 DATE OF OPERATION | 19b CONDITION FOR WHIC | CH OBEDATIO | ANI WAS DEGEORATED | 20e AUTOPSY? 20b IF | YES, WERE FINDINGS USED |
| 7 | 2 | 170 DATE OF OPERATION | 179 CONDITION FOR WHI | IN OPERATIO | N WAS PERFORMED | IN CE | RTIFYING CAUSES OF DEATH? |
| _ | T. | 6/17 | Right | MID | Fracture | YES NOT | YES NO |
| 0 | E | 210. ACCIDENT WAS UNDERLYING | | DAY YEAP | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | TB PART (OR PART 2) |
| 1 | AL | OR CONTRIBUTING CAUSE OF | DEATH | DAT TEAP | | | |
| | 9 | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | | 211. LOCATION | | |
| | ME | | (AT HOME STREET, FACTORY, OFFIC | E, FARM ETC) | STREET | CITY OR TOWN | COUNTY STATE |
| | 100 | AT WORK AT WORK | | | | | |
| | 0.5 | | spital) attended the deceased from | | 7/1 19 95 | | |
| | | saw the deceased alive | on | _83 | nd that in (my) (our) opinion | death accurred on the date and | hour and from the causes stated |
| | 11.5 | 22b. SIGNATURE | not view me body offer decin. | | DEGREE | | 22c DATE SIGNED |
| | 83 | 0 0 0 | 1 | 0 | ATTENDING _ | MEDICAL STAFF | 1 2/2/20 |
| _ | | 27d PHYSICIAN'S NAME (TYP | , Usher m | 1/ | PHYSICIAN [| DIRECTOR PHYSICIAN | 111103 |
| 1 | | 0 0 0 | PE OR PRINT) | | 22e ADDRESS | .) | 0 1/2-7 |
| / | | Brad D | , Levuer in | 0 | unive | sity of me | aryland Mospiti |
| | 23a E | URIAL, CREMATION, REMOV | AL 236 DATE 23 | NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | |
| | (| SPECIFY) | | | | CITY OR TOWN | COUNTY STATE |
| | 04.5 | Burial | July10,1985 | | | Baltimore | Md. |
| /84 | ⁷⁴ Ř | OBERT C. AL | TENBURG FUNERA | AL HOM | INC . 250 DAT | E REC'D. BY REGISTRAR 250. REC | SISTRAR'S SIGNATURE |
| 1111 | | | Rd., Balto., | | | L 9 1965 | |
| | | | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G606 item 5, 14

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to exemple and the party of the territory of the territor

DIVISION OF VIT

ST ASHES HOSPITAL

UN 1985 from Survey Forces

| EPARTMENT OF HEALTH AND MENTAL HYGIENE | | |
|--|-----------|-----------|
| CERTIFICATE OF DEATH | 8 | RE C |
| | 1 VA -0 - | 40 M + W/ |

| 3 | RE | NO. | 1 | 9 | 6 | 7 | - |
|----|-------|-------|-----|------|----|------|---|
| ΟF | DEATH | MONTH | DAY | YEAR | 2b | HOUR | |

| DOLO, | -6 | REGISTRAR | | | CERTIFI | CALE OF DE | AIH | RES NO. | 1 7 | 0 / 0 | |
|--|---------------|--|--------------------------------|----------------------------|-------------|----------------------|---|--|-------------------|---------------------------------------|--|
| . m.e | | CEASED NAME FIRST | ٨ | J. | LA | \$1 | 3 - 1 | 20 DATE OF DEATH MONTH | DAY YEAR | 2b HOUR | |
| deott | | EDWARD |) | | | KEY | | JULY 27,1985 | | 12:15A | |
| frer of | 3 SEX | Male | 4 RACE White | | 5. DATE OF | | YEAR . | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAY | | |
| urs of | / | | | | 6 | 18 | 1912 | | rrs | | |
| 2 hd dy | | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | MARRIED | □ NEVER MA | ARRIED - | BALTIMORE CITY OR CO | | | |
| ded ded | 10.61 | Penna. TY OR TOWN OF DEATH | U.S.A | | WIDOWEL | | DRCED X | 12g USUAL OCCUPATION | | MD 12b. KIND OF BUSINESS OR | |
| 1133 | | BALTIMORE | JOHNS | JOHNS HOPKINS HOSPITAL | | | (TYPE OF WORK FOR MOST OF WORK Retired | ce Stati | | | |
| A. 8 | | AL RESIDENCE (IF NURSING FOME CATATE +131 COU | OR OTHER INSTITUTION INBroward | 136 CITY OR TOW Pompano | | 13d. INSIDE CIT | Y LIMITS? | 130. STREET ADDRESS / ZIP 1001 N.W. 4 | oth Street | et,33064 | |
| 12/1/10 | 14. FA | THER'S NAME FIRST | WIDDIE | LAST | | 15 MOTHER'S | D C 7 | WE | TA BUILD | TZA | |
| TUVA | | Teofil | | Rakowski | | M | ary | | Kar | powicz | |
| 100 | | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU. | 4008 | 17. INFORMAN | | ADDRESS | mouth T | 19651 | |
| (1) | | ES, 140 OK 014K110 VIIV) | | 204 22 | 1000 | Piszcz | ek Fun | eral Home, Ply | ymouti, E | a. 1005 | |
| | | 18 CAUSE OF DEATH (Enter of | only one couse per | line for al, (b), on | dicil | mony | 120 | 3- | APPRO BETWEE | DXIMATE INTERVAL N ONSET AND DEATH | |
| 0000 | | PART I. DEATH WAS CAUS | ATE CAUSE (0) | 165 | गल्यप | Hacd | 1. 74 A | rest | | - | |
| ading carbo ar re | | | DUE TO, OI | R AS A CONSEOU | ENCE OF | NEUM | · N | | 2-2. | 2/2 | |
| ove shon | | Conditions, if ony, which | (p) | | | MEON | 01114 | | 4.3. | 11 | |
| the remo | | gove rise to immediate couse (a), stating the | DUE TO, OF | R AS A GONE POU | ENGERAL. | 200 | Car | CM | 2 10 | 2 1 | |
| d by lease oul, c | | underlying couse lost. | ((c) | 1,10 | =1 1070 | 13310 | 000 | of Chices | 1 2 40 | 1-01N2 | |
| en p bury, | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED T | O THE TERM | INAL DISEASE OR CONDITIO | N GIVEN IN PART | 110 | |
| t. The | OT. | 190 DATE OF OPERATION | Mar contra | TION FOR WHICH | OBERATION | 1 MAKE DEDECED | | 20a AUTOPSY? 20b. | IF YES, WERE FINI | DINICO LICED | |
| os be | CERTIFICATION | 6/23/85 | Om CONDI | | OUL- | | wis | INC | ERTIFYING CAUS | ES OF DEATH? | |
| iciar in the hasit p | ERT | 210. ACCIDENT WAS UNDERLYING | 21b. TIME O | FINILIRY | | | | YES NATURE OF INJURY IN IT | YES | NO 🗌 | |
| physical Hy oil Hy | | OR CONTRIBUTING CAUSE OF DE | FATH HOUR A. | M. MONTH D | AY YEAR | | our occou | CED (SIME NATIONE OF PAYOR I PAYOR | EM TO TAKE | , | |
| Cer Cert | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINI | P.I | | 19 | 211 LOCATION | N. | | | | |
| this he b | WEL | WHILE NOT WHILE | | EET, FACTORY, OFFICE, F | FARM (ETC.) | STREET | -73 | CITY OR TOWN | COUNTY | STATE | |
| After as the lift a lift a lorke | | AT WORK AT WORH | 1 | | (127 | | 2 | 7/26 | 85 | | |
| OR USe Healism | | 22x I certify that (I) (this has | Digital and 15 5 | deceased frame | | d shoet in toward to | 19 03 | deoth occurred on the date on | 19-0 | , that (I) (we) la | |
| d for | | the state of the s | ot) view he body | Offer death. | | | or opinon | deoth occurred on the dote on | | 1 | |
| Direction of the post of the p | | 777 SIGNATURE | The la | | | EGREE AT | TENDING | MEDICAL STAFF | 1 34 | 7 TISK | |
| by th | | De 1-Trey | 00000 | n | | PI | YSICIAN [| DIRECTOR PHYSICIAN | 111 | CHO? | |
| the S | | 220 PHYSICIAN'S NAME (TYPE | 11 () | 20.05 | | ADDRESS | 17 | win land | | | |
| Should b | | JEHNEY | | JEN2 | | 701M |) | illus Moseis | 13 | | |
| 400 | | SURIAL, CREMATION, REMOVA | | | | METERY OR CE | | Plymouth | Luzerne | Pat. | |
| BP 44 | | Burial | 7/30/ | ST ST | . Mary | s Cemet | er y | TTymodeli | Laberne | | |

DHMH - 16 60M 7/B4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

24 FUNERAL DIRECTOR

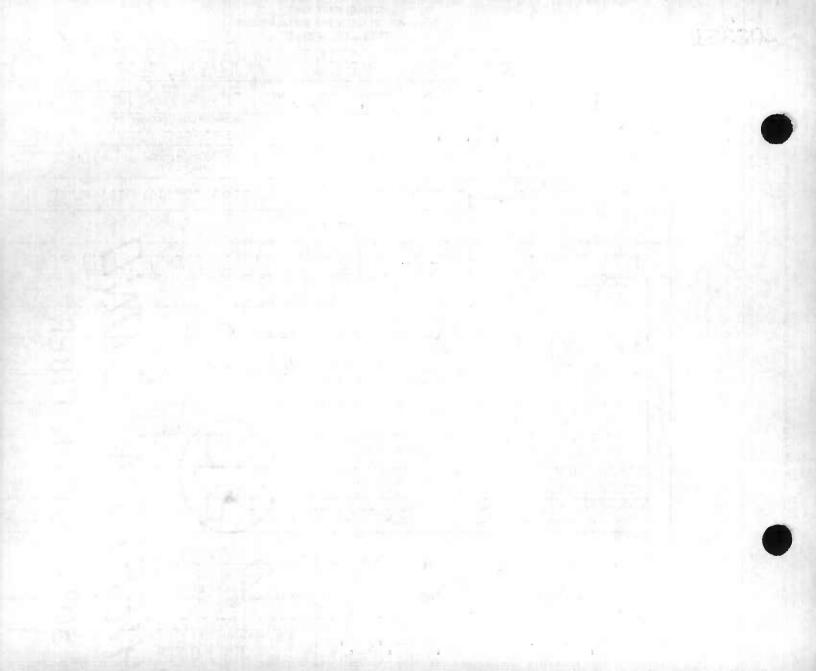
21204 Ruck Towson Funeral Home, Inc. 1050 York Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUL 29 1985

ie Andron-Randelle "

rocz 2 10 2 1)-22-1 . S UZUZUZU GIOT 7/3/5 st. LETS 01 aluey duc To sou mest o , c. 198 or Ld.

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 8 | REG. NO. | 572 | 9 | 6 | 1 | |
|---|----------|-----|---|---|---|--|
| | NEO. TO. | | | | | |

| | REGISTRAR | | CERTITIO | CAIL OI DEATH | REG. NO. | | | | |
|-------------------------------------|---|---|--|---|--|---|--|--|--|
| | 1. DECEASED NAME LOUIS (TYPE OR PRINT) LOUIS | ALBERT | RAND SR. | | 7uly 23, 1985 6:29. | | | | |
| 3. SEX | | RACE | 5. DATE OF BIRTH MONTH DAY YEAR | | 6 AGE (IN YEARS LAND BIRTHDAY) | MONTHS DATE HOURS MIN | | | |
| Male | | White | May 11,1921 | | | YRS | | | |
| 5 | "a. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | | Baltimore C/TY MD. | | | | |
| 10 CITY OR TOWN OF DEATH Baltimore | | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER I (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Charles General | | OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Boiler Maker | 121 KIND OF BUSINESS OR | | | |
| 1 | JSUAL RESIDENCE (IF NURSING HOME OR OTHER STATE 136 COUNTY Maryland | HER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | | 13e STREET ADDRESS / ZIP 4415 Belvieu | | | | |
| 14 FATHER'S NAME | | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDLE |) ACT | | | |
| Ź | James Wats | | | Margaret | Loretta | Glenn | | | |
| į | 160 WAS DECEASED EVER IN U.S. ARMEI | | RITY NO. | 17. INFORMANT | ADDRESS | | | | |
| ŀ | Yes WWII | 213-14-889 | | 8 Mrs. R.E.Rand 4415 Belvieu Ave. 21215 | | | | | |
| | PART I. DEATH WAS CAUSED B | 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MASSIVE CONCEPTION APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MASSIVE CONCEPTION CASALORS A CONSEQUENCE OF Conditions, if any, which | | | | | | | |
| | gove rise to immediate couse to), stating the underlying couse lost. | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| | | 0.464 | | | | | | | |
| d | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | DATE OF OPERATION 196. CONDITION FOR WHICH OPER | | N WAS PERFORMED | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc | | | |
| 1 | OR CONTRIBUTION TO CAUSE OF DEATH | R CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | | | ED (ENTER NATURE OF INJURY IN ITI | EM 18 PART 1 OR PART 2) | | | |
| | UF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK | WHILE NOT WHILE | | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | |
| | 22a. I certify that (1) this hospital sow the deceased alive on above. (1) (we did) (did not vi | July 23 108 | | that in (my) (iii) opinion d | to Jaly 23 | thou ond from the couses stoted | | | |

should be detoched for use os with the State Dept of Health TO FUNERAL DIRECTOR: MPORTANT: # H BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 236 DATE

Morris

24 FUNERAL DIRECTOR

230 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

Mort

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

23d LOCATION
CITYORTOWN
ReisterstowmBaltimoreMaryland

7-29-85 Garrison Forest V.A.

Mitchell-Wiedefeld Home 6500 York Road 21212

whole

The state of the s 7.1

Edglockschrift Latin Latin bas 3 verheit Yes WW II OTO a law , he ... Jon teres C. Band, Waller position follows poor to the matter and the second -lace York Face Tho., We sater

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

- STATE REGISTRAR I DECEASED NAME

TYPE OR PRINTI

7a BIRTHPLACE

COUNTRY)

MD.

10 CITY OR TOWN OF DEATH

BALTIMORE

14 FATHER'S NAME FIRST

LYES, NO OR UNKNOWN

3 SEX

FIRST

4 RACE

MIDOLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)_

76. CITIZEN OF WI

ANN

I STATE OF FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION G 136 COUNTY

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse

18 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY

| DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH . | SIENE 8 RP NO. | 196 | 77 |
|---|--|--|----------------------|--------------------------------|
| MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| | RAPPANA | 7/20/85 | | 6:50AM |
| ACEPAU. | 5. DATE OF BIRTH MONTH DAY YEAR 1 19/5 | 6 AGE (IN YEARS LAST BIRTHDAY) YRS | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUN | | MD. |
| NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET OHNS HOPKINS H | NG HOME OR OTHER INSTITUTION ADDRESS) | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | LIFE) INDUSTRY | BUSINESS OR |
| R INSTITUTION GIVE RESIDENCE BEFOR | | 130 STREET ADDRESS / ZIP CO | DE ST | 1231 |
| .E LAST | 15 MOTHER'S MAIDEN NA | WE WIDDLE | Po Binso | |
| FORCES? 16b. SOCIAL SECTION OF DATES) 407-27 | | INNECTY 17 | 32 G | 00 gH 51 |
| USE (0) CALLE | al arrest | | APPROXI BETWEEN C | MATERITERVAL MSET AND DEATH |
| DUE TO, OR AS A CONSEQUE | ENCE OF HEPATIC | FAILURE | 14 | veek. |
| DUE TO, OR AS A CONSEQU | | | 5-2 | lears |
| DITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION C | ENEN IN PART NO | |
| 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | ES, WERE FINDIN | GS USED |

PART 2 OTHER SIGNIFICANT CONDITIONS CON

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | 20a AUT | OPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAU | | | |
|--|---|--|---------|--------------|--|-------------------|--|--|
| | | | YES 🗌 | NO | YES 🗌 | NO 🗌 | | |
| 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH { IF EITHER NOTIFY MEDICAL EXAMINER} | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) | | | | | | |
| 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, FARM ETC.] | 211 LOCATION STREET | | CITY OR TOV | vn COUNTY | STATE | | |
| 220 I certify that (Ir (this hospital) sow the deceased glive an abave (III the Ir (did not) vi | ottended the deceased from July | id that in (my) Corpopinio | | ed on the do | | the couses stated | | |

226. SIGNATURE 27d. PHYSICIAN'S, NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22e ADDRESS

DEGREE

PART MD 21204

ARRISON 23a. BURIAL, CLEMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
BRIOWN COUNTY

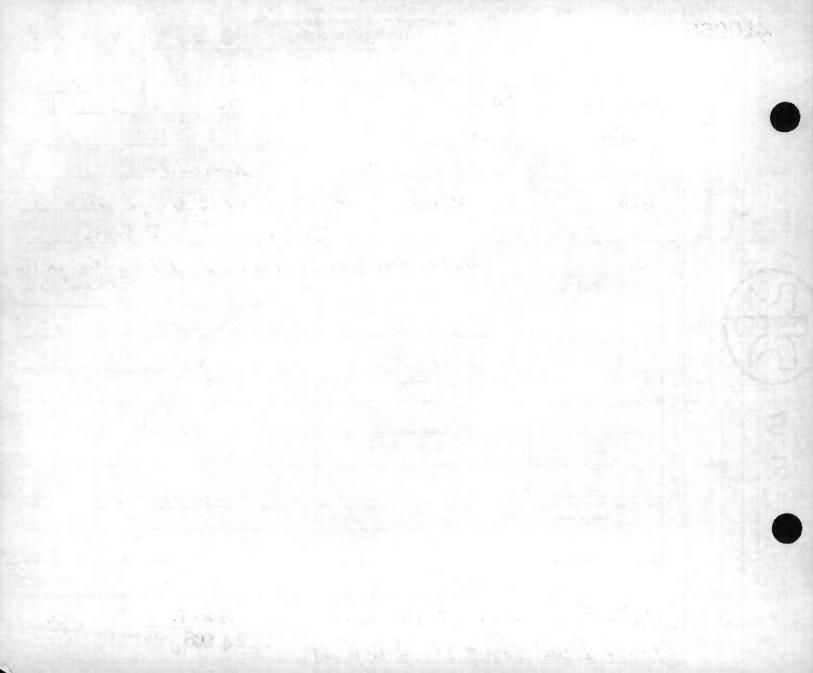
BP____

25 Ett Standon

DHMH - 16,60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR. A should be detoched for use with the Stote Dept. of Heo

IMPORTANT



The state of the second of the term reflect to account to the second to the (UMA) Name as Council , the entering the second second

| 1- | STATE REGISTRAR | | DEF | CERTIF | ICATE OF DEATH | 8 SEG. N | 0. 1 9 | 6 | 7 9 |
|---------------|---|---|--|------------------------------|-----------------------------|---|--|-------------------------|-----------------|
| | CEASED NAME FIRS | T | MIDDLE | t | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR > |
| { I YPE | OR PRINT) | DA | Т. | RASTE | R | | 7 4 | 85 | 15:40 P |
| 3 SEX | | 4. RACE | | 5. DATE C | F BIRTH | 6. AGE (IN YEARS LAST BIR | | NDER I YEAR | IF UNDER 24 HRS |
| | Female | Whi | te | Apr | il 20, 1900 | 85 | YRS | IHS DAYS | HOURS MIN. |
| BI | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | | OF WHAT COUNTY $S.A.$ | TRY? 8 MARRIEI WIDOWE | DINEVER MARRIED | 9. BALTIMORE CITY C | | | M |
| 10 C1 | BALTIMORE | (IF NOT IN | OF HOSPITAL, NU | STREET ADDRESS) | PITAL | 12a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF HOUSEWIFE | ON OF WORKING LIFE) | 12b. KIND C INDUSTRY | OF BUSINESS OR |
| 130. 5 | AL RESIDENCE (IF NURSING HO STATE Maryland | OME OR OTHER INSTITUT | | BEFORE ADMISSION) JOWN LMOTE | 13d INSIDE CITY LIMITS? | 13: STREET ADDRESS 6225 Ridge | ZIP CODE | ·e | 21206 |
| 14 FA | THER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | MIDDLE | MOSSA | IA | ST |
| 20 | George | R | Heymanı | n | Anna | Marie | | Lehr | f |
| 160 V | VAS DECEASED EVER IN U. YES. NOOR UNKNOWN) (IF Y | S. ARMED FORCE ES, GIVE WAR OR DATE | | SECURITY NO. | Niss Thelma | Yahde Yahde | Same | As | 13e |
| | Conditions, if any, which gave rise to immedia cause (a), stating the underlying cause lost | DUE TO the DUE TO the DUE TO the DUE TO (c) | , OR AS A CONS | 9 Mg Y | ENOUS U | | DITION GIVEN | IN PART 11 | 0 |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. CO | NDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYING YES | | |
| MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX- | OE DEATH HOUR | E OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c HOW INJURY OCCUR | | 1 | OR PART 2) | |
| MED | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | | CE OF INJURY E, STREET, FACTORY, OF | FFICE, EARM, ETC) | 211. LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE |
| | 220.1 certify that UK (this saw the deceased all above, (MT(we) (did) (s 22b. SIGNO,TURE | ve on | 7/4 | 19 <u>85</u> , or | nd that in (our) opinion of | | | d from the | |
| | 224. PHYSICIAN HAME | OR PRINT) | ool | 74 | ATTENDING PHYSICIAN [| | CIANLET | 7/ | 4R3 |
| | JEFFREY | A. C | OOL M. | D. | UNION MEM | ORIAL HOSPI | TAL | THE | STATE OF |
| 23a E | BURIAL, CREMATION, REMO Burial | 7/8/ | | | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN Baltimos | | ounty land | STATE |

BP.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT.

Baltimore, Maryland

Teonard J Ruck Inc. Baltimbre, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ydron 1 ridable

5.577.5 MII SACITIVE STITE USES TERRITOR HOSTEL UTION AT EACH NOTION .. Y. 5.4 T.

| 0 | 50 | 12 | ing. |
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| 4 | 30 | 19 | . 0 |
| 2 | 1 | + | |
| 1 | | | |

| 1 | - STATE | | | DEPAKIN | | EALIH AND MENIAL H | TOTERE | | | | 60 | 1 |
|---------------|----------------------|--|------------------|------------------------|-----------|-------------------------------|----------------|------------------------------|-------------|--------------|--------------|--------|
| | REGISTRAR | Lawrence | Kathel | 1 | CERTIF | ICATE OF DEATH | 8 | EG. NO. | 1 | 90 | S | U |
| | PECEASED NAM | E FIRST | M | NIDDLE | n | AST // TZA | 20 DATE | OF DEATH MON | TH DAY | YEAR | 26 HOL | IR J |
| 1 | THE OR PRINTS | 1- 11/11 | chce | | K | the11 | | 7 / | 3 | 83 | 2:3 | AM |
| 3 5 | SEX | | RACE 4 | / | S. DATE C | OF BIRTH | 6 AGE (II | N YEARS LAST BIRTHDA | Y) IF U | NDER! YEAR | IF UNDER | 24 HRS |
| | ., | MALE | 1 | 11 32 | MONTH | DAY YEAR | 4 | 17 | MON | THS DAYS | HOURS | MIN. |
| | 0 | MACE | | VHITE | 2 | - 1 43 | 4 | , | YRS | | | |
| T° | BIRTHPLACE (COUNTRY) | STATE OR FOREIGN | E CITIZEN OF | WHAT COUNTRY? | MARRIE | NEVER MARRIED | BALTIM | ORE CITY OR CO | DUNIYOR | DEATH | | |
| 1 | 1/1 | D | 013. | 7 | WIDOWE | D DIVORCED X | X (| Da 17 | 4 | TY | | MO |
| 10 | CITY OR TOWN | OF DEATH | | OSPITAL, NURSIN | | ROTHER INSTITUTION | | OCCUPATION ORK FOR MOST OF A | | ITE KIND OF | F BUSINE | 55 OR |
| 1 | 12a1 | 7 | Sau 7 | h 134 | 7-1 | Ch HOSP | Bar | tende | S L | Resta | 11779.7 | nt. |
| | | E IF NURSING HOME OF | | | | | 1 | 7 -7 -0-7 | | 1100 00 | 6 CALL CO. 1 | 10 |
| 30 | STATE | 13b COUN | · | 131 CITY OF TOW | 7 | 13d. INSIDE CITY LIMITS? | | ADDRESS ZI | | 1. | 71 | > >- |
| - | FATHER'S NAM | | | Pai | | YES NO D | JAME S | 13 191 | Sur | tue | 410 | 225 |
| 1 | PTI | 110 | ODLE | I LAST / | 11 | A FIRST | AMAIL | MIDDLE | | LAS1 | | |
| Z | +1/1/ | MIC | | Cathe | 2/1 | Mari | 1 | | . 1 | latthi | | |
| 160 | WAS DECEASE | | WAR OR DATES) | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | 212 | | |
| | Yes | Viet | | 219-40-9 | 3434 | John W. Ra | athell | 416 E. I | Pataps | co Av | e Ba | ltoM |
| | 18 CAUSE C | F DEATH (Enter only | one couse per | line for (a), (b) an | d (c | 1 1 | 1/ | | | APPROXI | MATE INTER | PLATH |
| | PART I. D | EATH WAS CAUSED | BY: | FNOXIC | Ph | coplatal | 20 the | , | | SC 144 C | ANDET AND | OLAIN. |
| | | IMMEDIATE | | | 4 | CPACIO | in ivy | -112 | | | | |
| 1 | 6 (1) | | DUE TO, OR | ASA CONSEQUE | 7 1 | - 1 | / | | | | | |
| | | if any, which to immediate | (p) | Perite | mit | 7.5 | , | | | | | |
| | couse (o) | | DUE TO, OR | ASACONSEQUE | ACE OF | 4.0 | 1 | / | | | | |
| | onderlying | C003e 1031 | ((c) | Pert | ova | x ex ga | 5/1 | 9 41 | cer | | | |
| 1, | | ER SIGNIFICANT CO | DNDITIONS CO | NTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEA | ASE OR CONDITIO | ON GIVEN | IN PART 1:0 | | |
| CERTIFICATION | 100 | | | | | | | | | | | |
| 3 | 19a DATE OF | OPERATION | 196 CONDIT | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AU | TOPSY? 20 | CEPTIEVIN | G CAUSES | GS USEL |) |
| = | | | | | | | YES | NOD | YES | J/ | NO [| |
| 1 8 | 21a. ACCIDEN | WAS UNDERLYING | 21b. TIME OF | | | 21c. HOW INJURY OCC | JRRED (EATER | NATURE OF INJURY IN | ITEM 18 PAR | ORPART 2) | | |
| | OR CONTRAININ | TING CAUSE OF DEAT | HOUR A.A | | YEAR | | | | | | | |
| EDICAL | 21d INJURY | | 21e PLACE C | | 19 | 21f. LOCATION | - | | | | | |
| × | WHILE | NOT WHILE | | ET, FACTORY, OFFICE, F | ARM ETC] | STREET | | CITY OR TOWN | | COUNTY | 5 | TATE |
| | AT WORK | ALWORK | | | 7/ | G S | 5 | 7/1 | - | 85 | | |
| | | that A (this hospite | (1) attended the | 12 | 5-6 | 19 | , to | 1112 | . 19_ | | that 🏴 (| |
| | above, | deceased alive an_ l) (we) (did) (did not | view the body | otter death. | , or | nd that in temps (our) apinit | on death accur | red on the date o | ind hour on | d from the o | couses st | oted |
| | 226 SIGNAT | 1 | 11/ | 1 -1 | 1.1 | REGREE | | | | 22c. DATE | SIGNED | |
| | / | anda | Acl | NUL | MI |) ATTENDING PHYSICIAN | | R PHYSICIAN | \times | 1// | 3/8. | 3 |
| 1 | 22d. PHYSICI | ASTS NAME (TYPE OR | PRINTI | () | 1 | 22e ADDRESS | n | .1.0 | . 7 | 1, | | |
| | 0 | (Dhall | d.L | 013 | h | DOUTA | 150 | 17 0 | en | 409 | SP | |
| 230 | BURIAL, CREM | ATION, REMOVAL | 23b DATE | 23c N | AME OF C | EMETERY OR CREMATOR | Y 23d. LO | CATION | - | | / | |

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. af Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If them 21 is marked ar Item 18 shaws ony

TO FUNERAL DIRECTOR. After this certificate has been

(SPECIFY Burial 7/16/85 24 FUNERAL DIRECTOR

Cedar Hill Cemetery

Balto

A.A.

George J. Gonce 4001 Ritchie Hgwy Balto Md

Md 250 DATE REC DABYTE CHANGE 250. REGISTRAR'S SIGNATURE,

minutes are the Contract of States hi offst well addotha 1904 sono . DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DE

| EPARTMENT | OF HEALTH | AND ME | NTAL | HYGIENE |
|-----------|-----------|--------|------|---------|
| CE | RTIFICATE | OF DE | HTA | |

| 8 | REG. | NO. | 1 | 9 | 0 | 3 | - Baden | |
|--------|-------|-------|-----|-----|-----|---------|---------|--|
| ATE OF | DEATH | HINOM | DAY | YEA | A.R | 26 HOUR | Ì | |

| 1 | | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 | REG. NO | 1 | 2 0 | 0 1 |
|-------|---------------|---|----------------------------|------------------------------------|------------|--------------------------|------------------|---------------|----------------|---------------------|----------------------------------|
| | | CEASED NAME FIRST | | MIDDLE | L | AST | 20. DATE OF D | | ONTH DA | AY YEAR | 2b HOUR P |
| - | , libre | CATHERINE | | M. | RA | YNOR | JULY | 28, | 198 | 5 | 11:15, |
| Ĭ | 3. SE) | (| 4 RACE | | 5. DATE C | | 6. AGE (IN YEA | RS LAST BIRTH | | FUNDER I YEAR | IF UNDER 24 HRS |
| | | Female | Whit | te | Jun | ie 08, 1920 | 65 | | YRS. | JNIHS DAYS | HOURS MIN. |
| - | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORI | CITY OR | | OF DEATH | |
| 1 | M | aryland | US | SA | WIDOWE | | BALTI | MORE | CIT | Y | MD |
| D) | 10 CT | TY OR TOWN OF DEATH | | HOSPITAL, NURSII | | OR OTHER INSTITUTION | 12a USUAL OC | | | | F BUSINESS OR |
| er. | B | ALTIMORE | JOHNS | HOPKINS | HOS | PITAL | Hous | sew1 | fe | INDUSTRY | |
| 1 | 13g. S | | Ttimor | GIVE RESIDENCE BEFOR | VN, | 136 INSIDE CITY LIMITS? | 13 STREET AC | DRESS / | ZIP CODE | 2122 | 22 |
| 1 | | THER'S NAME | | 1 2 | | 15 MOTHER'S MAIDEN NA | | 1103 | way | L. 1 L. L. | , |
| 3 | | Martin | WIDDLE | Hiršch | nan | Margaret | | WIDDLE | | Ma'ŷ | gers |
| 7 | 160 W | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECT | | 17. INFORMANT | | ADDRES | | | |
| 0 | | (IF YES, G | TE WAN ON DATES! | 214-03. | -2565 | Frederick | C. Ray | nor | 2446 | Keyw | ray 2122 |
| | | 18 CAUSE OF DEATH Enter of | nly ane cause per | line far (a), (b), ar | nd ic . | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | PART I. DEATH WAS CAUS | TE CAUSE (a) | respivato | ry F | -ailure | | | 0.533 | 10 kg | rus |
| | | | DUE TO. O | R AS A CONSEQU | ENCE OF | | | | | | 53700 |
| | | Canditions, if ony, which | (d) | END ST | MG-E | CHROTULE OBS | PULM | PISET | 15E | 104 | rous |
| i | | gave rise to immediate cause (a), stating the | DUE TO, O | R AS A CONSEQU | ENCE OF | | , | | | 3 | |
| | | underlying cause lost. | (Ic) | Worti & | acter | rial - 100 A | ck bear | SWK | ch | | |
| | 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE | ORCOND | ITION GIVE | N IN PART TO | a |
| J | CERTIFICATION | Rheumatic | Heart | Dizeas | علا | | | | | | |
| | ICA | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOP | SY? | | WERE FINDING CAUSES | |
| | RTI | | | | | | | NO 🗌 | YES | | NO 🗌 |
| | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF DE | 216. TIME C HOUR A. | | AY YEAR | 21¢ HOW INJURY OCCUR | RRED (ENTER NATU | RE OF INJURY | IN ITEM 18 PAI | ₹T I OR PART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | | 19 | | | | | | |
| | MED | 216. INJURY OCCURRED | 21e. PLACE (AT HOME STI | OF INJURY REET, FACTORY, OFFICE | FARM ETC) | 211 LOCATION STREET | | CITY OR JOW | 'N | COUNTY | STATE |
| | | AT WORK AT WORK | | | 917 | , | | 7/7 | | 00 | |
| 1 | | 220.1 certify that (I) this hasp | 1000 1 | 0 | 95100 | nd that in (our) apinian | | 400 - | , 1 | | that (I)(we) lost |
| - A P | | saw the deceased alive a abave, (Hiwe) did (did n 276 SIGNATURE | at I view the bady | after deoth. | | DEGREE | occorred | an me gar | e and nadi | | |
| - | | a, c | coi 1 | 30111 | | ATTENDING | MEDICAL | STAFF | | 726. DATE | 14-95 |
| 1 | | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | - July | | PHYSICIAN [| DIRECTOR [| / PHYSICI. | AINLA | 1 6 6 | |
| | | T. COR: | "KA! | 11 | | 600 N.111 | HIECA | 77 | 30/7 | To MN | 21205 |
| | 23a B | SURIAL, CREMATION, REMOVA | 23b DATE | 23c | NAME OF C | EMETERY OR CREMATORY | 23d LOCAT | ION | 411/ | 2.7110 | 41040 |
| | | SPECEY) Burial | 8/1/ | | | wn Cemeter | y CITY OF | TowBa | ltimo | re, | Md .STATE |

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept of Heal MAPORTANT: If them 21 is m

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Conffelly Funeral Home of Dundalk

CHY OR TOW Baltimore, Md . STATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURAL AND A TOPE

Washington and a little of

-2

100 PM - Ave 1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH... REGISTRAR REG. NO DECEASED NAME 28. DATE KNOWN XX MONTH 2b, HOUR (TYPE OR PRINT) OR ESTI-Talbot M. Ready Jr. 19 85 4 RACE SEX 5. DATE OF BIRTH AGE LINYEARS IF LINDER 1 YR IF LINDER 24 HRS DAY 2d HOUR DATE MONTH 12:30 LAST BIRTHDAY PRONOUNCED Male Black 10 23 31 61 DEAD 19 85 YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! MD USA WIDOWED [DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore University Hospital - STU SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 13b COUNTY 13d. INSIDE CITY EIMITS? 13e STREET ADDRESS Baltimore 1027 N. Fulton Ave. 21217 YES X NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sr. MIDDLE LAST EURST Talbot Ready Μ. Emma Snowden 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS DIVISION YES, NO, OR UNKNOWN) 216-80-3447 Emma Ready 1027 N. Fulton Ave. ILAL EXAMINER ALONG WI A BURIAL - TRANSIT PERMIT. F H AND MENTAL HYGIENE, DIN MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Gunshot Wounds (unspecified) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JSED AS A BURIAL -OF HEALTH AND MER RIAL, CREMATION, C lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES X NO [218 EXTERNAL CAUSE WAS 16. TIME OF INJURY APPROX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 7:30-PM 7-19 19 85 subject was shot 71. PLACE OF INJURY (AT HOME 71f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAFT BALTIMORE, MARYLAND, 2120 street 100 blk. Stockton St. Balto., Md. Autopsy X 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion HamicideXX death resulted fram: Natural causes Undetermined manner Accident TITLE (SPECIFY) ACTUAL Assistant 7-20-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 21201 111 Penn St., Balto., Md. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 7/25/85 Garrison Forest VA 07/84 Owings Mills MD 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** March F/H 1101 P. North Ave. · - ~ ~ moor - Mandable (VR A15 ME (5))

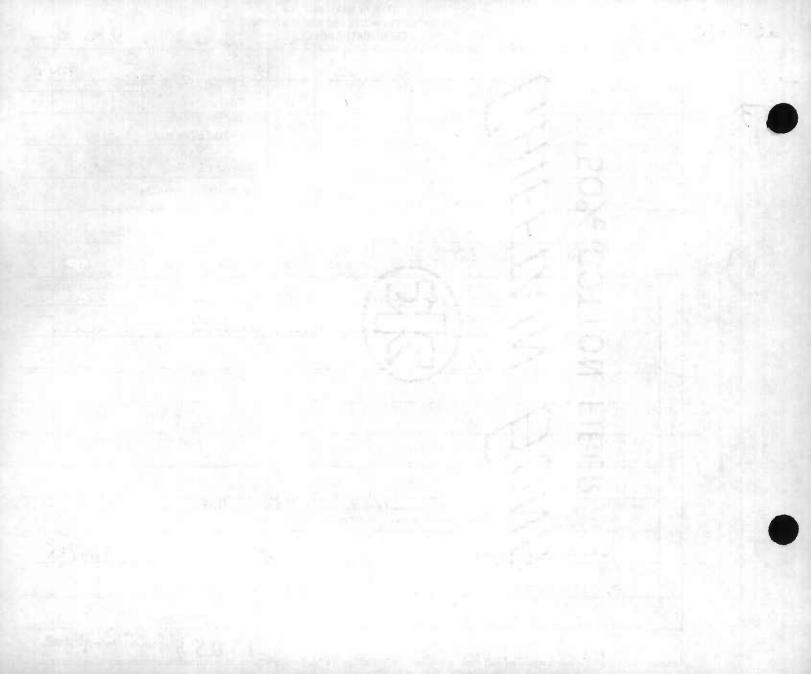
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

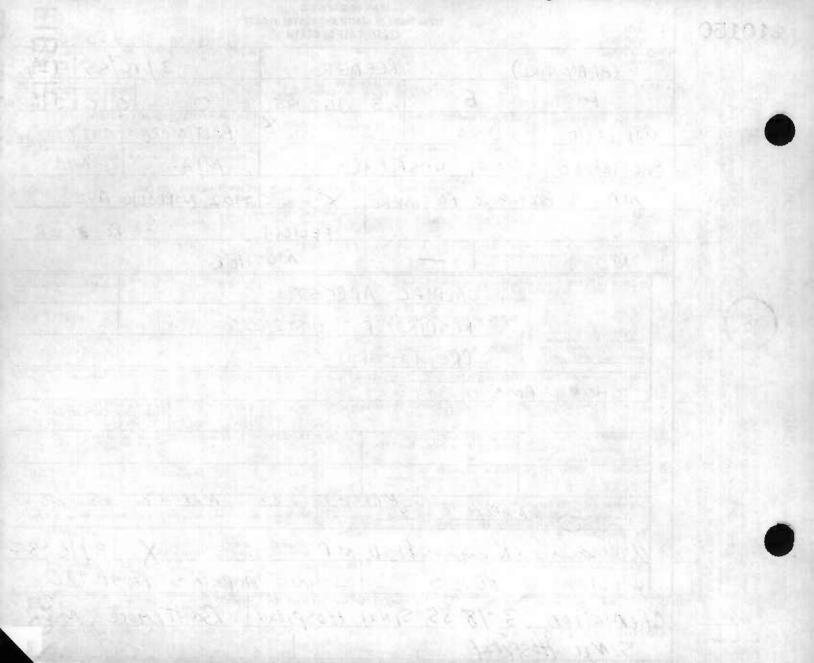
| 150044 | 1- | FOR STATE REGISTRAR | DEPART | | EALTH AND MENTAL HYC | GIENE B RES. NO | | 9 6 3 3 |
|--|---------------|--|--|-----------------------------------|--|--|-----------------|--|
| f may be r. page 3 frer death | | CEASED NAME FIRST OR PRINT) Mai Female | ry A. P. 4. RACE White | Reddi 5. DATE O | | 6. AGE (IN YEARS LAST BIR) | MONTH DAY | YEAR 26 HOUR 7:30 P ODER 1 YEAR IF UNDER 2J HRS |
| uneral simple | | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WHAT COUNTRY $U.S.A$. | MARRIED | D NEVER MARRIED & | 84 9 BALTIMORE CITY OF BAltim | ore | DEATH City M |
| in by the for tiled with the formal be notified. | B. | TY OR TOWN OF DEATH altimore AL RESIDENCE (IF NURSING HOME O | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Union Memor: R OTHER INSTITUTION GIVE RESIDENCE BEFOR | TADDRESS) ial Ho: RE ADMISSION) | spital | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Apparel S. | hop | NO KIND OF BUSINESS ON NOUSTRY Ladies |
| thin 24 h | 14 FA | TATE Md. 136 COU | Baltimon MIDDLE LAST | re | 136 INSIDE CITY LIMITS? YES ** NO [] 15. MOTHER'S MAIDEN NA | MAIE | land Ave | LAST |
| Para de la constante de la con | 160 V | Ohn WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | T. Reddingto RMED FORCES? 16b SOCIAL SEC 217-07-5 | URITY NO. | Cather Cather Catherine | ADDRE F. Reddingto | | Dae l Roland Ave |
| hat the death certil the by the attending place or concording to the concording place of the concording place of the concording of the concording to the concording the con | | PART I. DEATH WAS CAUSI | nly one cause per line for (a), (b), a EO BY: ITE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) | JENCE OF | 0 | infarrin desine | | PROXIMATING DEATH hour yern |
| he low requires to on. hos been signed permit. Then ple ene prior to burio ows ony injury, or | CERTIFICATION | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | | | 200 AUTOPSY? | 20b. IF YES, WE | ERE FINDINGS USED G CAUSES OF DEATH? |
| G PHYSICIAN; T strending physics er this certificate the buriol-trans; and Mental Hygi and Mental Hygi ked or them 18 sh | MEDICAL CER | 218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 218 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK | HOUR A.M. MONTH | 19 | 21c. HOW INJURY OCCUR 21f. LOCATION STREET | RED (ENTER NATURE OF INJUR | | OR PART 2) COUNTY STATE |
| DR ATTENDING hospital or o hospital or o interctions. After the for use os the feet, of Health them 21 is morth. | | 220.1 certify that (1) (this hasp | oital) attended the deceased from. 7/13/85 at view the body after death. | , an | d that in (my) (aur) opinion DEGREE | | te and haur and | that (II (we) la from the causes stated 22c, DATE SIGNED |
| O HOSPITAL C etoined by the TO FUNERAL D should be detoc with the Store D | | 722d. PHYSICIAN'S NAME (TYPE G. Willian | orprint) m Benedict, M.D | | 22e ADDRESS | MEDICAL STAF | IAN 🗌 | 7/15/25 |
| BP | | URIAL, CREMATION, REMOVAL SPECIFY) Burial JNERAL DIRECTOR | L 23b. DATE 23c. | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN Baltin TE REC'D. BY REGISTRAN | nore | UNIY STATE Md. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

5305 Harford Rd. Leonard J. Ruck, Inc.



| 34 04 EQ | 1 | FOR | DEPAR | TMENT OF H | EALTH AND MENTAL I | TYGIENE | |
|---|---------------|---|--|----------------|----------------------------|---|---|
| 210150 | 177 | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. N | 019084 |
| | I. DEC | CEASED NAME FIRST | MIDDLE | ı | AST | 20 DATE OF DEATH | MONTH DAY YEAR 26 HOUR 9 |
| oge 3 | | (BABY GI | RL) | REE | EDER | 9-9- | 3/16/85 932 pm |
| 9 a | 3. SE) | · _ | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | |
| s of s | | · · | B | MONTH 3 | 16 85 | 0 | YRS. O O 2 224 |
| Pog dire | 70 BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | (? 8. | | DALTHAODE CITY C | OR COUNTY OF DEATH |
| deoth. | N | MARYLAND | USA | MARRIE | D NEVER MARRIED DIVORCED | 6 BALTIN | NORE CITY MD. |
| P P P | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C | |
| 201 by the filed v | B | 10 (111-0) | SINAL HO | SPITA | tc | NIA | TO WORKING LIFE INDUSTROLA |
| 10 21; | 130. S | STATE 136 COU | THE PARTY OF THE | WN | 13d. INSIDE CITY LIMITS | 41- | |
| LAN hin Show | IA FA | THER'S NAME | CITTORY DALL | MORE | 15 MOTHER'S MAIDEN | | KPOLK AVE, |
| MARYLAND ed within 24 mpletely fille fond 2 should | | FIRST | MIDDLE | | FELICI | WIDDLE | REENOER |
| | | VAS DECEASED EVER IN U.S. AF | | CURITY NO. | 17. INFORMANT | ADDR | ESS |
| be execution and control of the medical | (| YES, NO OR UNKNOWN) (IF YES, GI | IVE WAR OR DATES) | | M | OTHER | |
| BAL cote cote oral. nt. th. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), ED BY: | ond (ci.) | ARREST | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | | TE CAUSE (0) CARDIA | TC r | TRRESI | | |
| o R | | | DUE TO, OR AS A CONSECUTION OF THE SPI | HENCE OF | NICTE | Dree | |
| 2 | | Conditions, if ony, which | (b) KESPI | KAIUK | RY DISTR | E>> | |
| A the state of the | | couse (0), stoting the underlying couse lost | DUE TO, OR AS A CONSEC | DENCE OF ATU | RITY | | |
| 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | | | ERMINAL DISEASE OR CON | DITION GIVEN IN PART 1(6) |
| SDS, | No. | CHORIO | AMNIONITI | 5 | | | |
| O vior. | AT | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED |
| TALRE lo The lo icton. | CERTIFICATION | THE WALL CONTRACTOR | | | | YES TI NOT | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| VITA VITA VITA VITA VITA VITA VITA VITA | 18 | 21a. ACCIDENT WAS UNDERLYING | | | 21c HOW INJURY OCC | URRED (ENTER NATURE OF INJU | IRY IN ITEM IS PART T OR PART 2) |
| CIAN Physical Physical Physica | | OR CONTRIBUTING CAUSE OF DE | | | 11310 0134 | | |
| HYSIC nding his ce bus ce bus ce d Men | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | 21f LOCATION | | |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. After this certificote hos been signs os the burol-tronsit permit. There lish and Mental Hygiene prior to be incred or frem 18 shows any injur | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFIC | E, FARM, ETC) | STREET | CITY OR TO | OWN COUNTY STATE |
| Afr o of the off | | | pital) attended the deceased from | MA | RCH 16 19 2 | 35 10 MARC | Ut Ke 19 85 that (1) (Ve) lost |
| TTEN TTOR for us of He | | sow the deceased live of | of view the body ofter death | 85.0 | nd that in (my) (our) opin | ion death occurred on the d | ote and hour and from the couses stated |
| OR A hos A h | | 226. SIGNATURE | 11 | | DEGREE | | 224 DATE SIGNED |
| 74 769 # | | William G | 5. Keyes | Ph.D. | M. D. PHYSICIAL | G MEDICAL STA | FIAN 3/16/85 |
| HOSPITAL ned by t FUNERAL old be det the Store | | 22d PHYSICIAN'S NAME (TYPE | | | 22e ADDRESS | | 1-10-11 |
| TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stot | | WILLIAM | G. KEYES | | | HOPKINS | HOSPITAL |
| | 230. 8 | BURIAL, CREMATION, REMOVAL | 1 23b. DATE 23 | | EMETERY OR CREMATO | RY 23d LOCATION | + COUNTY M ATATE |
| | | V K WVI N'I I A N | / / A = A 3 | | | | |
| BP | 2 | UNERAL DIRECTOR | 13 10-00 | SINA | | DATE BEC'D BY DECISION | 25b. REGISTRAR'S SIGNATURE |



STATE OF MARYLAND 210228 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Glennia Margaret Reese 3 SEX 4 RACE 5. DATE OF BIRTH MONTH DAY VEAD Female White 6 13 1909 76 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED Baltimore City DIVORCED CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Church Hospital Manager Rice's Bakery SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Maryland Dundalk 522 Bayside Drive NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE

> Charles C. Crawford Mabel V. Hott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT HE YES GIVE WAR OR DATEST No 219-16-5565 Glenna M. Pugh Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARDTOPIILMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which b SXEPSIS gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. (c) PNELIMONTA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19a DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC. WHILE NOT WHILE

220 I certify that (I) this hospital aftergled the deceased from 85 and that in (my) our opinion death occurred on the date and have and from the causes stated

obove, (Kiwe) (did) did not) view the body ofter death. 226. SIGNATURE

236 DATE

7/25/1985

DEGREE ATTENDING PHYSICIAN | 22e ADDRESS

CITY OR TOWN

CHURCH HOSPITAL CORPORATION

JULY 23,1985

COUNTY

YEAR

2b. HOUR

:10

21222

NOF

STATE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

100 NORTH 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

DHMH - 16 60M 7/84

Day

(VRA 15, 4) 7922 Wise Avenue Dundalk, Maryland

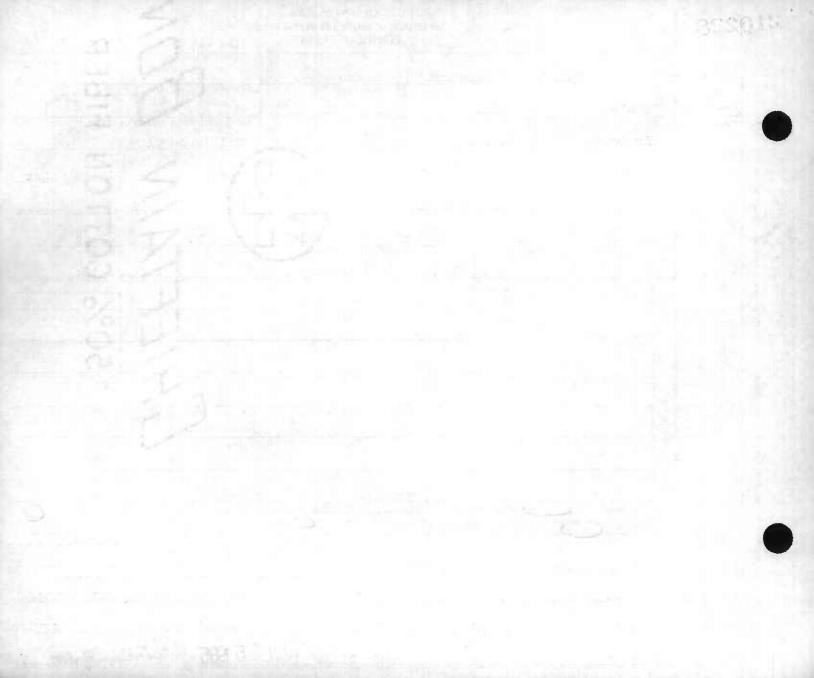
Burial

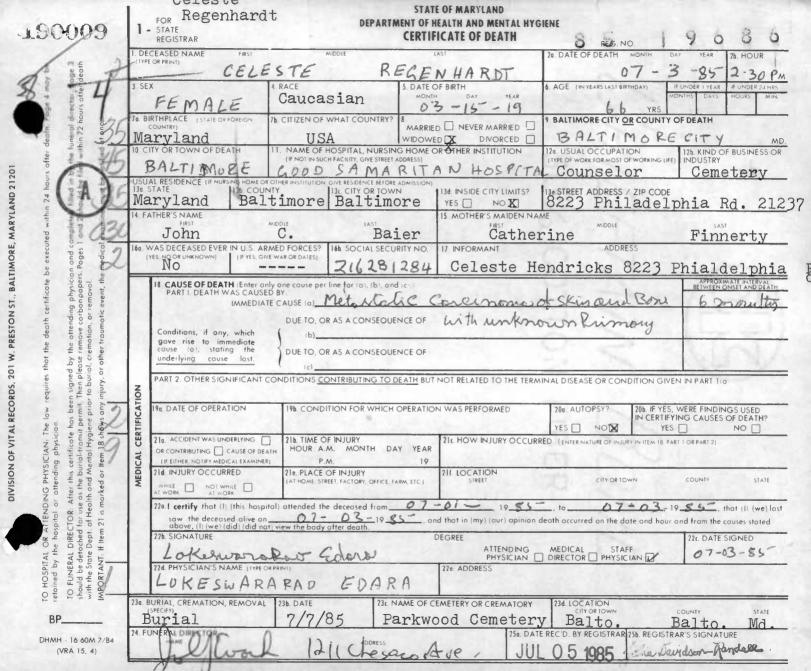
24 FUNERAL DIRECTOR Duda-Ruck, Inc.

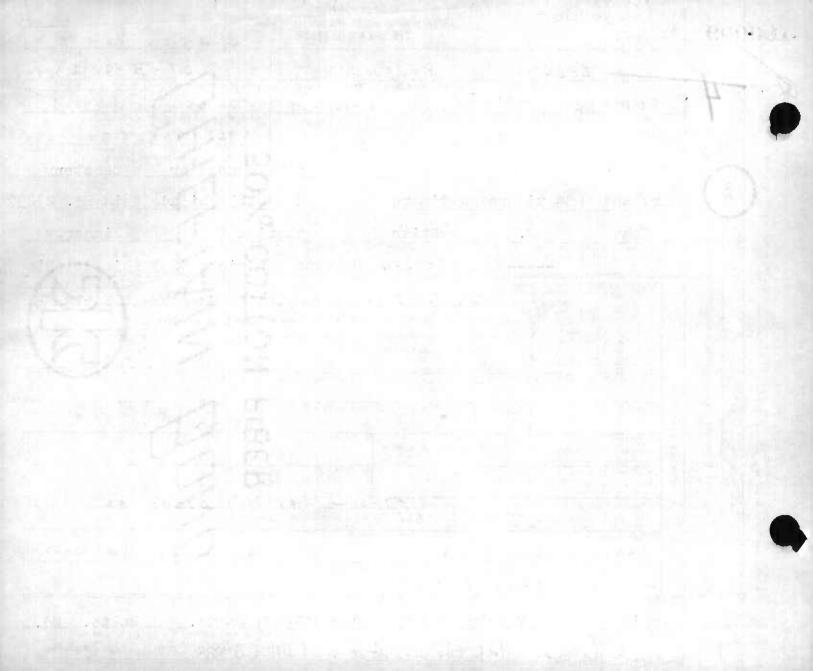
RAMSEY

Woodlawn

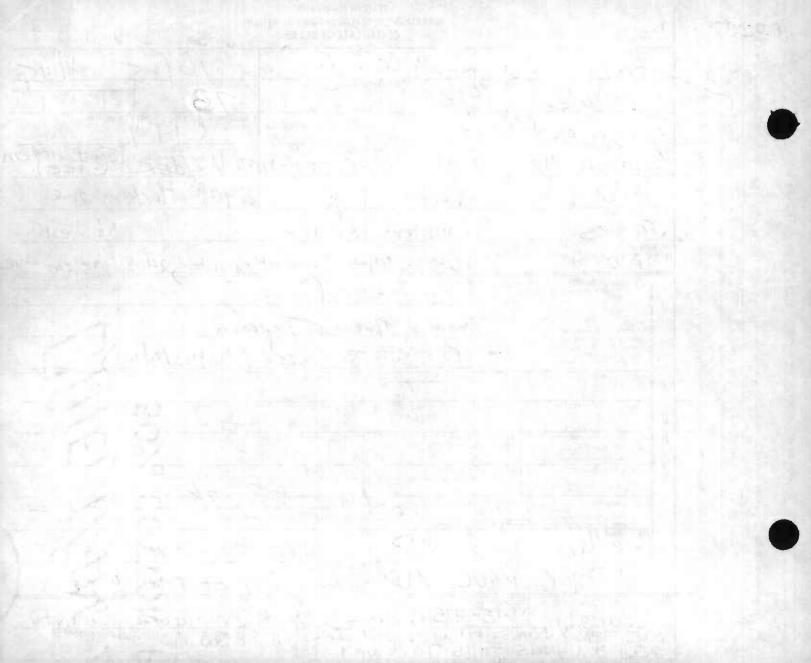
Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE







| | 1 | STATE OF MARYLAND |
|--|---------------|--|
| 203237 | 1. | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| 700 3 CO 8 | | REGISTRAR CERTIFICATE OF DEATH |
| | 1. DE | CEASED NAME COST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR |
| 4 1000 | 1 | raymona Cornellus, regusters 1918 11.45m |
| | 3. SE | 4 RACE S. DATE OF BIRTH SAY YEAR 6. AGE (IN YI AND DAY) IF UNDER TYEAR IF UNDER ZAYAS MONTHS DAYS HOURS MIN |
| and the same | 1 | 1 9/e PR. (22311 13 YRS) |
| | /a. 8 | RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORECITY OR COUNTY OF DEATH WIDOWED DIMORCED 1 |
| 1 1 1/7 | 199 | TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION WE SHOULD BUSINESS OR |
| 102 | 1 | a himore My "FOTH SUPERING QUE STREET ADDRESS SY OF RANTO WOR FOR MOST OF WORKING LIFE) STEET |
| ND 213 | 13a. | AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE REPORCE BEFORE ADMISSION) 136. COUNTY 136. COUNTY 137. CTY OR 19WN 138. INSIDE CITY LIMITS? YES IN NO |
| TIA TO THE TOTAL T | [4. F/ | THER'S NAME IS, MOTHER'S MAIDEN NAME |
| MAR B ST | 1 | ames Regusters Laura Weney |
| NE, III | | VAS DEGEASED EVER IN U.S. ARMED FORCES? 166-SPCIAL SECURITY NO. 17 INFORMANT ADDRESS |
| TIMO | | (15 PO JUNNOWN) (15 YES, GIVE WAR OR DATES) 212-07-5789ta Margaret Regusters: 2408 HAKLEM AVE |
| BAL BAL | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BY WEEN ONSE! AND DEATH APPROXIMATE INTERVAL BY WAS CAUSED BY: BY WEEN ONSE! AND DEATH |
| IS To Be a second | | IMMEDIATE CAUSE (a) 4 19/CT CA |
| STO | 16 | Canditions, if any, which (16) The Mia, Thombocur Renig |
| PRE TO THE TENT OF | | gave rise to immediate |
| that that lby ease ol, cr r oth | 100 | underlying cause last. DUE TO, OR AS I CONSEQUENCE STATE (acc Metustatic) |
| igned agned en ple | 2 | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| ORD requ | Ē | |
| REC. | CERTIFICATION | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| | ERT | YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IR PART 1 OR PART 2) |
| A TO TION | | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 210. PLACE OF INJURY 21f. LOCATION |
| | ME | WHILE NOT WHILE CITY OF TOWN COUNTY STATE |
| DIVIS ATTENDING P sopial or attent (CTOR. Attent d for use as the | | AT WORK — AT WORK — THE |
| TTEN pital TOR: for us of He | | saw the deceased alive an 219 and that in (my four) principle death accurred on the date and hour and from the course death |
| | | abovs, (I) (we) (did) (did nat) view in body after death 22b. SIG DEGREE 22c. DATE SIGNED |
| 0 0 0 0 0 | | ATTENDING _ MEDICAL _ STAFF 3/6/60 |
| HOSPITAL ned by th FUNERAL Jid be det othe State | 1 | PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS |
| TO HOSPITAL retorned by the TO FUNERAL! should be deto with the Store I | | MATICE PAUL MY GNA! HOSP. OF BACTIMORE |
| | | URIAL CREMATION, REMOVAL 216 DATE 271, NAME OF CEMETERY OR CREMATORY 23d LOCATION |
| BP | | Durial, 17-13-17-10-14-BOUTUS MEM. 18 LOALTIMORE WUNTY |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 11/ | THE PROPERTY OF THE PROPERTY O |



| | 1 | FOR | DEPART | | EALTH AND A | MENTAL HYGIE | NE | | | |
|--|---------------|---|--|--------------------|----------------------|--------------------------|---------------------------------------|-------------------|----------|-----------------|
| 203184 | | STATE | | | | ICATE OF DE | ATU. | S 0 | | 1 3 |
| | | REGISTRAR CEASED NAME FIRST | WIDDLE | | TAST | ICAIL OI DE | 20. DATE KNOWN | 1 | DAY | YEAR 26. HOUR |
| | | E OR PRINT) | | | 6731 | | OF ESTI- | CAL . | | |
| A SARE | | SHIRLE | Ϋ́ | | REID | | DEATH MATED | / | 10 19 | |
| 11 第6點支援 | 3, 58) | 1 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEAR | MONTHS DAYS | | | MONTH | DAY | YEAR 2d HOUR |
| 19 SERE | 1 | - N | 1- 5- 25 | 50 YRS | MOITING DATS | HOURS MIN. | PRONOUNCED DE AD | 7 | 10 10 | 85 12:55 |
| SIN YEAR | 70 BI | RTHPLACE (STATE OR | 76. CITIZEN OF WHAT COUN | | | | 9. BALTIMORE CIT | Y OR COUN | | |
| 日本会員第二人 | FC | REIGN COUNTRY) | 1, (| 2 | - | VEVER MARRIED | | _ | | |
| 要がた。 | 110.61 | TY OR TOWN OF DEATH | 'U. S. 1 | | WIDOWED | DIVORCED [| | | | MD. |
| 200 | ID. CI | | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S | TREET ADDRESS) | OR OTHER INSTIT | | SUAL OCCUPATION PRINTED WORKING LIFE) | TYPE OF WORK | OR IN | DUSTRY |
| -Saata C | | Baltimore | 1922 E. 31st | St. | | 200 | LABOI | ~ | | |
| L MERCE S | 13a, S | AL RESIDENCE (IF IN NURSING HOME O | R OTHER INSTITUTION, GIVE RESIDENCE | OR TOWN | | CITY LIMITS? 13e S1 | IDEET ADDRESS | | # = | 3/2/12 |
| 23439 | 130. 5 | m. D. Isocoon | 13(CII) | 2 ALT | VES TO | NO 1 | REET ADDRESS | 2/st | 5+ | |
| 9 = 4 m m z - | 14, F/ | ATHER'S NAME | | 2 | 15. MOTI | HER'S MAIDEN NAM | AE . | (3) | | |
| 2 5189 9 00 | 1 | 1 FRY / . A m | MIDDLE VI | LAST / | m | FIRSTOTION | MIDDLE | 6 | 1 LAST | 1-11 |
| 8 35 × 5 − | 1/2 | VAS DECEASED EVER IN U.S. ARA | 17/ 50 | ney | NO. 17. INFO | 9/1/20 | ADDR | <u></u> | TANK | -69 |
| ALL STATES AND A | | ES, NO, OF UNKNOWN) (IF YES, GIVE | WAR OR DATES) | CIAL SIX URIT | | | gan . | 100 | F 4 | Ist - |
| MAC NESS NESS NESS NESS NESS NESS NESS NES | | NO | 21. | 3-26-8 | 826 Li | naA C | FWART | 1922 | E.3 | St |
| 2 × × × × | | 18 CAUSE OF DEATH (Enter an | y ane cause per line far (a), (b |), and (c).) | | | | | | XIMATE INTERVAL |
| S S S S S S S S S S S S S S S S S S S | | PART I DEATH WAS CAUSED | E CAUSE (a) Mult | iple sta | ab wounds | S | | | | |
| PRESTON ITHIN 24 ICIL IN ITE LER ALCO ANSIT PE AL HYGIE REMOVA | | ille. | DUE TO, OR AS A COL | | | | | | | |
| EN SELECTION | | Conditions, if any, which | | | | | | | | |
| W. P. WIT WINE MINE NATA | | gave rise to immediate cause (a) stating the under- | (b) DUE TO, OR AS A CON | ISSOLIEN LOS OF | | | | | - | |
| ZOI W UTED IN PE EXAM EXAM CIAL-1 | | lying cause last. | DUE TO, OR AS A COR | ASECIDENCE OF | X | N. A. | | | 1000 | |
| S S S S S S S S S S S S S S S S S S S | | | (c) | | | | | | | |
| L RECORDS, 201 W. PRESTON ST ULD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM. FF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PEN HEATH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL | | PART 2 OTHER SIGNIFICANT CONDITIONS | ONTRIBUTING TO DEATH BUT NOT REL | ATEO TO THE TERMIN | AL OISEASE OR CONOIT | TON GIVEN IN PART 1 (a). | 1 | | | |
| MECOI MEDI MEDI AS A SALTH CREAT | CERTIFICATION | | | | | | | | | |
| L LEGIT | 18 | 190. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERA | TION WAS PERFO | ORMED? | 44.2- | | 20. AUTO | OPSY? |
| ₹ 58 H S P S | Ĕ | | | | | | | | YES | NO I |
| OF VITAL ATE SHOU E WORD THE CHIEF TO BE USE MANT OF H | 1 1 | 210. EXTERNAL CAUSE WAS | 216. TIME OF INJURY | | 21c. HOW INJUR | RY OCCURRED (ENTE | R NATURE OF INJURY IN ITEM | A 18 PART 1 OR PA | | |
| 2 8 H H H H H H H H H H H H H H H H H H | 1 3 | UNDERLYING NOR | HOUR A.M. MONTH | | | | | | | |
| DIVISION S CERTIFIC RRITING TH RRED TO SE 35HOU E DEPART | MEDICAL | CONTRIBUTING CAUSE OF D | 21e PLACE OF INJURY | 10- 1985 | SUDJECT | t stabbed | • | | | |
| N SE 33 | N N | WHILE NOT WHILE | STREET EACTORY CARLS | | STREET | | CITY OR TOWN | со | UNTY | STATE |
| E. WRITING THE SHOULD IS THE CARE SHOULD IS THE WORD "PER SWARDED TO THE CHIEF MARCE STATE DEPARTMENT OF HEAD IS THE CHIEF MARCE STATE DEPARTMENT OF HEAD IS THE CHIEF MARCE TO SHORT T | | WHILE NOT WHILE AT WORK | home | | 1922 E. | 31st St. | , Balto. | | | MD |
| | | | e af the remains described abo | ave held an | Autapsy X | Inspection . | Inquiry . | and in my ap | ninian | |
| EXAMINER: 1 ECERTIFICATE, DUID BE FORV I, WITH THE SI MARYLAND; | | | | | | 133 | | | Jillion | |
| STE BE | | death resulted fram: Natur | al causes . Accident | LJ, Suici | | | etermined manner | | | |
| MAR WAR | | ACTUAL MAA | 12/X | _ | | (SPECIFY) | | DATE | 7 1 | 0.05 |
| 2 ∓ ¥ 4 È \(\) — | - | SIGNATURE ALV | N 1 0 | | M.D. ASS | istant ME | DICALEXAMINER | SIGNE | D_/-I | .0-85 |
| ロビュラカン | | EXAMINER'S NAME Ann | M. Dixon, M.D | | | 111 Penn | St. Balto. | . MD 2 | 1201 | |
| < 0.0 m m l − m l | | EXAMINER'S NAME Ann | III DIROIT, III. | • | ADDRESS | | | 7 120 2 | .1201 | |
| PAESE BAFIO | 23a.B | URIAL, CREMATION, REMOVAL 2 | 36. DATE 23c. | NAME OF CEM | TERY OR CREMA | JORY 23d. | COCATION 1308 TOWN | cou | NTY | STATE |
| 07/B4 BP | 1 | BURIAL | 1-15-85 6 | 40//V | H.1 | 15 | BALTO. | | | M.D. |
| 25M DHMH - 17 | 24 F | UNERAL DIRECTOR | 1000000 | / | . NEF. | 250. DATE REC'D. | BY REGISTRAR 256 R | EGISTRAR'S S | GNATURE | LA MEZ |
| (VR A15 ME (5)) | | Bette Luna | KAL Home | 11291 | 1. Capali | 1 111 1 1 | 2 1985 | a wandoo | w- Vando | |
| (11111111111111111111111111111111111111 | | 1011/6 | 1011 ~ 140.11. | 1100711 | MILLIAM | A OOF I | - 100/ | | | |



| TOTAL STATE OF DEATH SOUND THE STATE OF DEA | 05050 | | | FOR | | DEPART | | OF MARYLAND | AL HYGIEN | NE | | | | |
|--|---|-----|---------|--|----------------|------------------|-------------|------------------------|------------|-------------------------|-------------------|-------------|----------|-------------|
| DOROTHY M. RHODES 1.5EX DATE OF BRITTH DATE OF BRIT | 07058 | | 1- | REGISTRAR 7-31-85 | | a L.J | | | | 6 1 | o. I | 9 | 0 | 8 9 |
| The BRITCHARD STATE STAT | 9 E 4 | | | OR BRID. 11 | | •• | | | 20 | | | | | 2b. HOUR |
| The BRITCHARD STATE STAT | poge r deo | Y | 1 SEX | | | 711. | | | 6 | | | | | S. COA AM |
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| SAME SOURCE SAME SA | 24 hou | 35 | | | | 13c. CITY OR TOV | VN 1 | | | | | | # GR | 1120 |
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| TEST NOOR UNKNOWN [F YES CHE WAR OR DATES] DISTANCE STATE Debra Rhodes 333-35 Freemont Ave. Apt. I (3) Debra Rhodes 333-35 Freemont Ave. Apt. I (4) Debra | bed | 20 | | | le le | | · | | | | | | | |
| BP SATE DEATH First only one governed for 10, 16, and 10 PART I DEATH WAS CAUSED BY | Poge: | 1: | | | | 213-34- | | | des 3 | | | Ave | Δn | t T (30 |
| gover rise to immediate course (or. stoting the underlying course lost. Course Due to or as a consequence of underlying course lost. | oth certificate bending physicial carbon papers in, or removal. | | | PART I. DEATH WAS CAUS IMMEDIA | ATE CAUSE (0) | Respie | ATORY | ARREST | r | | | | | |
| NOT SETULES 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 286 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO | s that the de ed by the ott oleose remove rial, cremotio | | | gave rise ta immediate couse (a), stating the underlying couse lost. | ((c) | PELSISTE | JENCE OF | EVER DESI | PITE | ANTENOTIC | Use | | | |
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| 220. I certify that (I) (this hospital) attended the deceased fram 220. I certify that (I) (this hospital) attended the deceased fram 220. I certify that (I) (this hospital) attended the deceased fram 220. I certify that (I) (this hospital) attended the deceased fram 220. I certify that (I) (this hospital) attended the deceased fram 220. I certify that (I) (this hospital) 221. I certify that (I) (this hospital) 222. I certify that (I) (this hospital) 223. I certify that (I) (this hospital) 224. I certify that (I) (this hospital) 225. I certify that (I) (this hospital) 226. I certify that (I) (this hospital) 227. I certify that (I) (this hospital) 228. I certify that (I) (this hospital) 229. I certify that (I) (this hospital) 220. I certify that (I) (this hospital) 220. I certify that (I) (this hospital) 220. I certify that (I) (this hospital) 221. I certify that (I) (| CIAN 3 phys entifica iol-fron ntol Hy em 18 | 9 | _ | OR CONTRIBUTING CAUSE OF D | HOUR A. | M. MONTH D | | 21c HOW INJURY O | CCURRED | (ENTER NATURE OF INJU | RY IN ITEM 18. | PART 1 OR P | PART 2) | |
| 220. I certify that (I) (this hospital) attended the deceased fram 3 85 , 19 , 10 7 12 , 19 50 , that (I) (we) los sow the deceased alive on obove, (I) (we) (did) (did not) view the bady after deoth. 220. I certify that (I) (this hospital) attended the deceased fram 3 85 , 19 , 10 7 12 , 19 50 , that (I) (we) los sow the deceased alive on obove, (I) (we) (did) (did not) view the bady after deoth. 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 222. DATE SIGNED 223. DATE SIGNED 224. PHYSICIAN S NAME) (IYPE OR PRINT) 225. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 227. DATE SIGNED 228. DATE SIGNED 229. DATE SIGNED 230. DATE SIGNED 230. DATE RECID. BY REGISTRAR SIGNED ALIVE AND SIGNED ALIVE AN | G PHYS cer this c s the bur ond Me | | MEDIC | | | | FARM, ETC) | 21f LOCATION STREET | | CITY OR TO | WN | COU | YINI | STATE |
| DEGREE 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE | TENDIN intol ar TOR: Aft or use a of Health | | | 220. certify that (I) (this hose sow the deceased alive a | n 7/1 | 12 19 | 8/ an | 100 | pinian dea | to 7/ | 12- ote and ha | 19_d | • | |
| BP | TAL OR ALL y the hosp RAL DIREC detached f tote Dept. | | | 22b. SIGNATURE | 41 | offer deofh. | ml |) ATTENDI PHYSICI | | | | 224 | DATES | IGNED 12/85 |
| BP | O HOSPI | 1 | | SHILLS | | | | UMH | | 22500 | onee | NE. | ST. | 2020 |
| 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR SAME SIGNALIRA. | | | 230 B | URIAL, CREMATION, REMOVA | | | | | TORY | CITY OR TOWN | | COUNT | | |
| (VRA 15, 4) Chas.A. Rice FSPA 1300 Eutaw Place | | 34 | | | | ADDREST | - 4 | 25 | So. DATE R | Westpor | SWREGE LAND | TRATES S | Md | HeR2 |

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STATE OF MARYLAND

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| 8 | REAS. N | NO. | 9 | 6 | 9 | L |
|----------|------------|---------|---------|--------|---------------|--------|
| JULY | | 1985 | DAY | YEAR | 26 HOU 4:] | |
| AGE INYE | ARS LAST B | RTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| 1 | 0 | | MONTHS | DAYS | HOURS | MIN |

| THE SHIP PRINTS | CHARLES | В |
|-----------------|--------------------|----------------------|
| - M | 4 RAC | W |
| BIRTHPLACE (1) | IN CHICKECH 76 CIT | ZEN OF WHAT COUNTRY? |

5. DATE OF BIRTH

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

DIVORCED

12b. KIND OF BUSINESS OR INDUSTRY

HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

15 MOTHER'S MAIDEN NAM

71207

ERS NAME

FOR

- STATE REGISTRAR

IMMEDIATE CAUSE (O

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and

| Conditions. | if any, y | which |
|-------------|-----------|-------|
| gove rise | to imme | diah |
| couse (a) | stating | - 120 |
| underlying | course | less |

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

| | | OPER/ | THESING | |
|-------|----------|-------|---------|--|
| 140.5 | MILE CO. | SHERF | 1116017 | |
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| | | | | |

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES [NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T

| 21a. | ACCID | ENT WA | SUN | IDERL | YING | |
|------|--------|--------|-----|-------|-------|-------|
| OR (| ONTRI | BUTING | | CAU | SE OF | DEATH |
| (IF | EITHER | NOTIFY | MED | ICAL | EXAM | INER1 |

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

THE INJURY OCCURRED

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION STREET

CITY OR TOWN COUNTY STATE

22a.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased alive on_ abave, (1) (we) (did) (did not view the body after death

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

, that (I) (we) last

sinute

DEGREE 22e ADDRESS

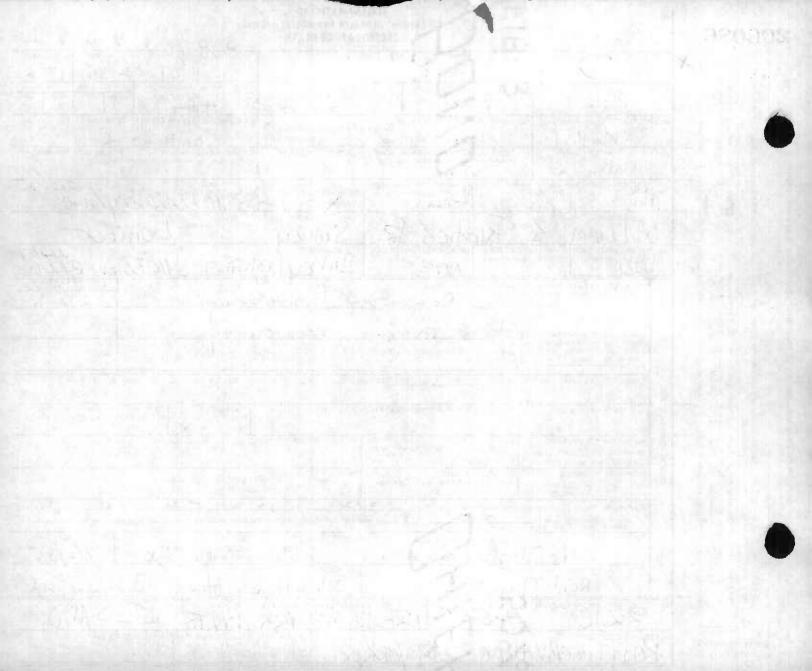
ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

4 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

PAR DIRECTOR LA ME BEER CHIEF I THE STREET OF THE dong it the European MAIRE AT DESCRIPTOR OF STATE STATE STATE TO STATE STATE THE STATE OF THE S

| 206086 | 1. | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HYC | SIENE | 0 / 0 1 |
|--|----------|---|---|---|---|--|
| 200000 | | REGISTRAR | | CERTIFICATE OF DEATH | 8 Seg. No. | 9071 |
| 1 11 X | | OR PRINT) PERST | MIDDLE RI | odick | 20 DATE OF DEATH MONTH | 2 85 145 P M |
| ge # ma ector po experie | 1. 5E | " Male | 1 RACE Black | S. DATE OF BIRTH MONTH DAY YEAR 7- 2- 8-5 | 6. AGE (IN YEARS LAST BIRTHDAY) PATTOR PATTORNAM YRS. | WONTHS DAYS HOURS MIN. |
| 0 1 BB | | Manley Manley | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED NORCED DIVORCED | 9 BALTIMORE CITY OR COUNT | |
| 1 1/2 | 10. C | Baltivano | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET | IG HOME OR OTHER INSTITUTION ADDRESS) | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126 KIND OF BUSINESS OR |
| TOPE | JSU. | AL RESIDENCE IN HURSHG FOME OR | OTHER INSTITUTION GIVE RESIDENCE BEFORE | | 130 STREET, ADDRESS / ZIP COL | ERYLHNE |
| N/A | 14 67 | JIHERSNAME WILLIAM S | MIDDLE RICHICK | STACES | MIDDLE LIGHT | TEOOT |
| MORE, and co Poges I | | VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL SECU | RITY NO. 17 INFORMANT | ADDRESS J SHIFOT 34107 | TANKA LAND |
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| death ce death ce see carbo fron. or n domatic. | | Conditions, if any, which | DUE TO, OR AS A CONSEQUE | ence of Premot | uritu | |
| by the camer to confer the | | gave rise to immediate course (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| RDS, 20 equine 1 Then ple 110 buris mjury, o | NOI | PART 2 OTHER SIGNIFICANT (| | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION G | IVEN IN PART To |
| A PECO | THEATION | 1% DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | INCERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \) |
| OF VITA | CAL CERT | 280 ACCESSIT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | Y YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2} |
| IVISION 10 PHYS the the chark of the | MEDIC | THE INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 2H LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| CTOR, at the set of th | Ų. | | tol) ottended the deceased from | 7/2 19 5 85 , and that in (my) (our) opinion | | , 19_85_, that (We) last our and from the causes stated |
| At OR A OR A Districted of the Dept. | | FIN SIGNATURE | I Shon pour | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 7/2/85 |
| O FUNE Pould be APORTAN | | Reid T | hompson | Johns Hap | 1. (1 P | Saltmore Md. |
| BP | 73a. f | RICAL CREMATION, REMOVAL | 23b. DATE 23A1 7-5-85 PA | NAME OF CEMETERY OR CREMATORY | 23d LOCATION SILVER TOWN | COUNT M STATE |
| DHMH - 16 50M 4/83 (VRA 15, 4) | 7 | KOTY TUNCKAL | Home 5209" | JORKPE 250. DAT | E REC'D. BY REGISTRAR 256. REGIS | STRAR'S SIGNATURE |



ENGLINES RAVING SOFT RY RET PID SHE VIEW X STR INNERE HELDES CHAPTER A FERRAL FAMILY SEE SON with the the the tenth of the tenth of the

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 17/ DATE SIGNED 3201 N. Charles St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Balto., Md. STATE 7/16/85 Holy Redeemer 24 FUNERAS CHIMUNEK Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 3331 Brehms Lane, Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

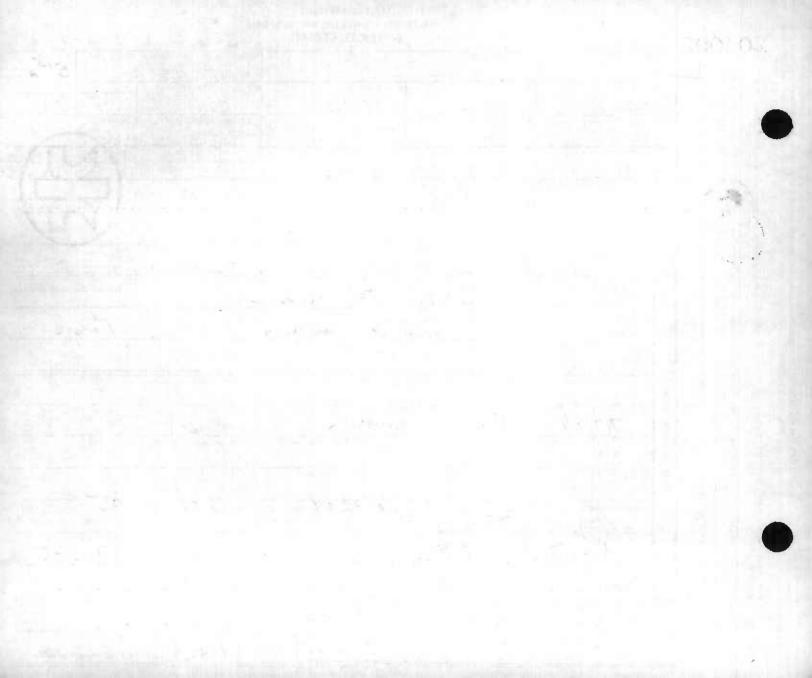
IF UNDER 1 YEAR

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FOR

STATE OF MARYLAND

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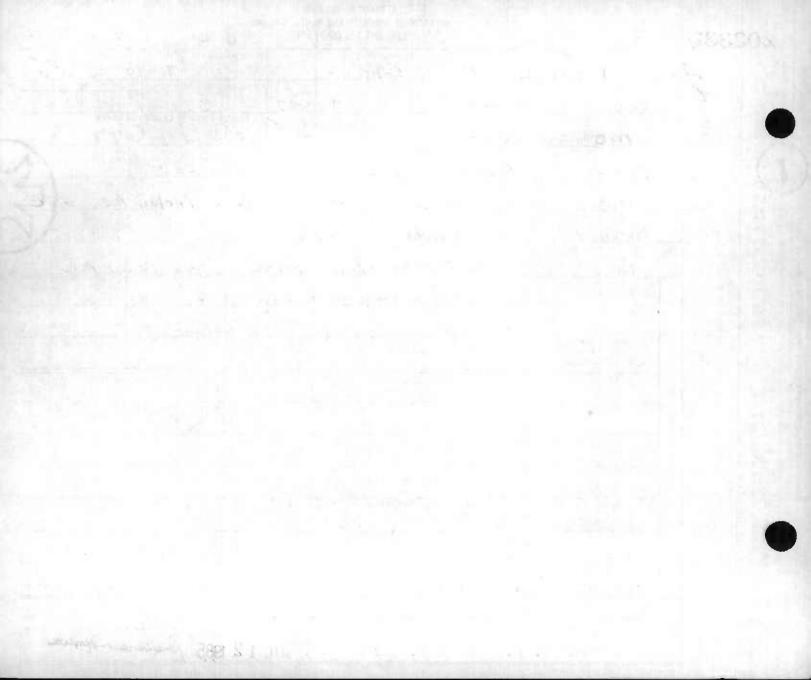
| TMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | 8 | REG. NO. | 1 | 9 | 5 | |
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| | 3 | FOR | DEPART | MENT OF HEALTH AND MENTAL HYO | SIENE | 0 1 0 11 |
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| 03332 | 1 - | STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 RG. NO. | 9074 |
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| e = 1 | (TYPE | OR PRINT) | . 1 4/ | 01-01- | 7 | 10 85 1155 M |
| 0 to C | 3. SE | Michae | 4 RACE | S. DATE OF BIRTH | 6 AGE (IN YEARS (AST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 1 1 | 3 36. | | | MONTH DAY YEAR | A DE TIN CARSTANTONT | MONINS DAYS HOURS MIN. |
| s o c | | Male | Black | 8 9 52 | 32 YRS | |
| 70 10 10 | | RTHPLACE STATE OF FOREIGN | 16 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | BALTIMORE CITY OR COUNTY | OFDEATH |
| 11 10 | | mo | USA | WIDOWED DIVORCED | 00/140, | ATT MD |
| 11 1 1 | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII | NG HOME OR OTHER INSTITUTION | 17s. USUAL OCCUPATION ETHE OF HOSE FOR HOLD OF WORLD U | 176 KIND OF BUSINESS OR |
| 11 3/ | | Battiniors | MERCH No | speital | TRACKER | H HOOSTKT |
| 20 00 | 13a S | STATE NURSING HOME OF | OTHER INSTITUTION GIVE REMENCE BEFOR | E ADMISSION) 13d INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP COD | 4 4.040 |
| 11 150 | | mo I | Battin | YES INO | 1612 DArley | Ave 21213 |
| 2.0 | 14. F/ | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | ME MIDDLE | TAST |
| 11700 | | Nathaniel | Robors | les Bassio | WIDUE | Williams |
| 0 7 | | VAS DECEASED EVER IN U.S. AR | | URITY NO. 17 INFORMANT | ADDRESS | 7-17-17-1 |
| 12 1/ | 1 | YES, NO OR UNKNOWN) (IF YES GIV | VE WAR OR DATES) | bloss Rossia Polo | of Usin Do | rlas Ano |
| 05.4 | | In annual and a series | | | CAS IIGIA IN | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| an ple burio ry, ai | 100 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GI | EN IN PART 11a |
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| mit. prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | S, WERE FINDINGS USED |
| hos hos ene p | ĭĔ | 540 C 10 C | 10 10 10 10 | | | FYING CAUSES OF DEATH? |
| 5 6 2 0 4 | ER | 210 ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJURY | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | |
| g phys | | OR CONTRIBUTING CAUSE OF DE | | AY YEAR | | |
| | 3 | (IF EITHER NOTIFY MEDICAL EXAMINED | P.M. 21e PLACE OF INJURY | 21f LOCATION | | |
| this this ad M | MEDICAL | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE. | | CITY OR TOWN | COUNTY STATE |
| frer os tl th o | | AT WORK | | | | |
| l or lose s and s and s and s | | | tal) ottended the deceased fram. | | 10 JULY 10 | 19 |
| prito for of h | | saw the deceased alive an | TULY 10 19 | , and that in (my) (aur) opinian | death accurred on the date and hou | and fram the causes stated |
| hed hed ept. | | 27b. SIGNATURE | | DEGREE | | 22c. DATE SIGNED |
| the Direction | | Ara live | allen no | ATTENDING PHYSICIAN I | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/10/85 |
| by Store d | | 22d. PHYSICIAN'S NAME (TYPE C | OR PRINT) | 22e ADDRESS | _ SINCETON _ THIS ICIAL _ | 1-/- |
| FUN WILD HATHER | | Hala Li | alker mo | 301 ST F | PAULPL. MER | CY HASPITAL |
| TO FUNERAL should be detroited with the State | 22 | | | | | 103414190 |
| BP | 230 | BURIAL, CREMATION, REMOVAL ISP BURIAL | 7/16/85 23c | NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk. | Arbutus, | Manual State |
| | 24 F | UNERAL DIRECTOR | | 75a. DA | TE REC'D. BY REGISTRAR 256, REGIS | RAR'S SIGNATURE |

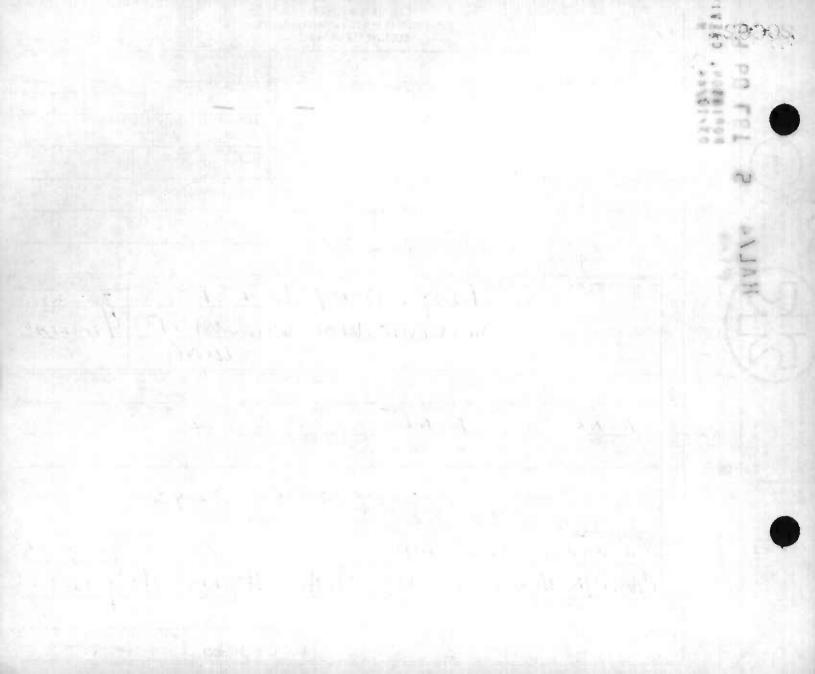
DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm C March F. H.

1101 E. North Ave. JUL 12 1985 See Sendon Mondale



| | | - I | I | tems 5 & 6 8/2/8 | 85 mtb F#606 | STATE OF MARYLAND | | |
|-----------|--------------------------------|-----------------|---------------|--|--|---|--|--|
| 206 | 02: | 2= | 1- | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HYGIENE | 1 9 6 9 5 |
| | _0 | S An | DEC | REGISTRAR CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MON | ITH DAY YEAR 26 HOUR |
| 9 | CE : | | | OR PRINT) | | | | 11.40pm |
| noy | | | 3 SE) | CALVIN | 4. RACE | ROBINSON IS DATE OF BIRTH | 7/20/85 6 AGE LINYEARS LAST BIRTHDAY | Y) IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 | or. | 100 | | Male | Black | S DATE OF BIRTH MONTH 3 10 44 | 48 41 | YRS DAYS HOURS MIN. |
| 909 | Hour | 20 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 10 77 | | |
| O. H. | 22 | 题/ | - | outh Carolina | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE | CITY |
| 2 5 | with: | Ped | | TY OR TOWN OF DEATH | | IG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| s often | and a | 35 | BA | LTIMORE | JOHNS HOPKINS | KING (IFE) I INDUSTRY | | |
| 1 | D P | st be | USU/ 13a S | AL RESIDENCE (IF NURSING TOME OR | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | | S? 13e STREET ADDRESS / ZIF | CODE |
| . 64 | filled hauld t | 35 | | aryland (| 3 No Baltimo | re YESKX NO 1 | 6409 Craigm | ont Road 21207 |
| with | etel) d 2 s | E . | 14 FA | | WIDDLE LAST | 15. MOTHER'S MAIDEN | NAME | LAST |
| ped | E S |) å | | Medical | | r. Rebene | | Long |
| execu | 1 800 | - gico | | | E WAR OR DATES) | | ADDRESS | |
| 9 4 | | E . | | NO I | 218-44-0 | | Toney 6409 Crai | |
| r BA | physic npape movol | , † | | 18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE | ly one couse per line (o), (b), on D 8Y: E CAUSE (o) ESP | LOSTORY, | ARREST | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Cert | ng p | i ev | | IMMEDIAT | | | 1707-2 37 | 3 minutes |
| eo the | mend ve co on, o | traumotic | M | Conditions, if ony, which | DUE TO, OR AS A CONSEQUE | ATIC ABENOU | PRCINOMA O | 7- 4 MONTHS |
| he d | the of remay | or tro | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUI | | | |
| hat | by t ase r | othe | | underlying couse last. | (c) | ENCE OF | LUNG | |
| ires | gned in ple | burio ry, ar | _ | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITION | ON GIVEN IN PART 110 |
| redu | en si | .= | CERTIFICATION | | | | | |
| low low | has be | vs ony | FICA | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN | b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? |
| The | roate he | shows | ERTE | 210. ACCIDENT WAS UNDERLYING | / / / - / / | | YES NO CURRED (ENTER NATURE OF INJURY IN | YES NO |
| NA | tricc I-tro | 8 E | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH DA | AY YEAR | CORRED (ENIER NATURE OF INJURY IN | TEM 18 PART 1 OR PART 2) |
| IYSIC | s certifications | or Item | MEDICAL | (IF EITHER NOTHY MEDICAL EXAMINER | 21e PLACE OF INJURY | 21f LOCATION | | |
| 10 年 2 日本 | the the | | ME | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE F | ARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| ENDING | After Se os | marked | | | toli-attended the deceased from | July 19 19 0 | 3 to July | that (I) (we) lost |
| TEN | TOR for u | 21 is | | sow the deceased alive on | JULY 2D 19 | July 19, 19 | nion death occurred on the date o | and hour and from the causes stated |
| OR A | DIRECT Sched for Dept. o | He m | | 22b SIGNATURE | O A | DEGREE | | 22c. DATE SIGNED |
| AL: | FUNERAL DIF | H . H | | Carreynos | endouch's P | ATTENDIN PHYSICIA | MEDICAL STAFF | d 17-21-85 |
| SPIT SPIT | UNES d be | RTANT | | 220 PHYSICIAN'S NAME LIVE O | PRINT) | 22e ADDRESS | (thoraxial | 11.00 |
| O HOS | TO FUNE | MPO | | | ENDRICKS, | | o Holykino | TOPINA |
| | | 1 | 23a. E | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATO | CITY OR TOWN | COUNTY |
| В | P | | | | 7/24/85 Ar | butus Memorial P | | Md. |
| | NH - 16 60/ | | | JNERAL DIRECTOR | F/H 1101 E. No | 250 | DATE REC'D. BY REGISTRAR 256. | registrar's signature |
| | (VRA 15, | 4) | W | IIIIam L. March | L'H TINT F' NO | rtn Ave. | 0 2 0 1300 | |



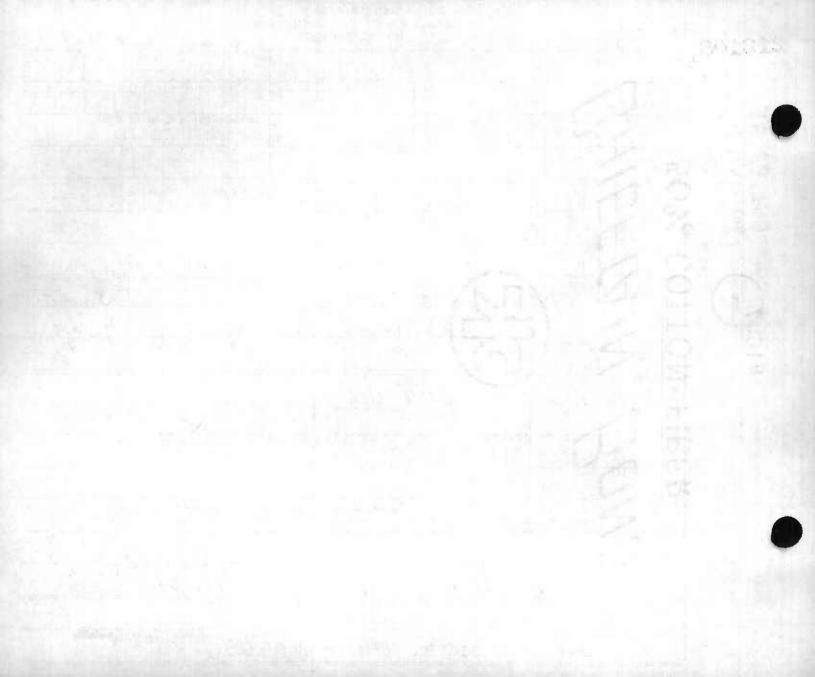
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| 24 | 12000 | | OR- STATE | 8-6-85 | itomo | DEPART | MENT OF | HEALTH | AND MI | | | | , | | 53 | 1 |
| 1 | 13068 | | REGISTRAR | FIRST | Trem ! | | EXAMIN | ER'S CI | ERTIFIC | CATEO | FDEATH | To It | EG. NO. | 10 |) 7 | 0 |
| | | | CR PRINT) | FIR31 | | MIDDLE | | 1. | AST | | | OF EST | | | 1 - 0 | 26 HOUR |
| | 公司 20 20 20 20 20 20 20 20 20 20 20 20 20 | 4 | | EDWA | RD | | ROB | INSON | | | DI | EATH MAT | ED 7- | 27-8 | | ? A |
| | 第12年支援 | 3 SEX | | ACE | DATE OF BI | RTH DAY YEAR | 6 AGE (IN YE LAST BIRTHD | | DAYS | HOURS | | DATE | MON | NTH DA | AY YEAR | 2d pin UF |
| | SESSEN SES | 1 | 77 | B | 8 6 | 5 29 | 555Y | | | | | DEAD | 7- | 27-8 | 5 19 | 10:4 |
| - | 2000年1026 | 70 BI | THPLACE (STATE) | OR j | b. CITIZEN O | F WHAT COU | NTRY? | B. MARRIE | D NE | VER MARRIE | P B | ALTIMORE | CITY OR CO | OYTHU | FDEATH | |
| | SAN SE | 7 | PATTO & | sord, | 4- | 54 | | WIDOWE | | DIVORCE | | altim | ore Ci | tv | | ME |
| 1 | YWH92/ | 18. CI | Y OR TOWN OF | DEATH | | HOSPITAL, NU | | , OR OTHE | R INSTITU | TION | | OCCUPATIO | N (TYPE OF WO | ORK 12b | KIND OF BU | |
| | Just 1 | 1 | Baltimore | 2 | Eran | | ott Key | Medi | cal C | Center | 01 | 01 | Bant | 2 | OK II VOOS | IN I |
| (| ANN DE LEGIS | BUSHA | PESIDENCE USIN | NURSING HOME OR | OTHER INSTITUTIO | ON GIVE RESIDENCE | E BEFORE ADMISSI | ON) | | | | ADDRESS | | | 21) | 1) |
| 212 | A SEEDED | 13a. 5 | Ma. | 130 COUNTY | | 13c. C11 | PI TON | | 3d INSIDE (1 | NO [| 13e STREET A | N. Fu | lton | Ave. | | |
| 9 | - NACOSO | M. FA | THER'S NAME | | | | | | | ER'S MAIDE | | | , , | | | |
| ai ai | 京のまるを | 1 | SAAC |) | WIDDLE | Robin | LAST N | | Ca | EIRST / | 0) | MIDDIE | Tah | 00 | LAST | |
| 9 | 0.00 × 0.00 | 16a V | AS DECEASED EV | ER IN U.S. ARMI | | 16b. SO | CIAL SECURIT | Y NO. | 7. INFORA | MANT | PA NO | the WAD | DRESS | 000 | 11 | |
| LT. | N SOS S | (4) | S. NO OR UNKNOWN) | (IF YES, GIVE W) | AR OR DATES) | 21 | 9228 | 3463 | -18 | 14 | NJ | 11/4 | nof | 1.10 | , /4 | |
| 2 | PAG NITH | - | TB CAUSE OF DE | EATH (Enter anly | ane cause ne | r line for (a) (b |) and (c)) | | 1 0 | | | W) 16 | | 100 | APPROXIMA* | TE INTERVAL ET AND DEATH |
| 12 | PAGENE, | | PARTIDEATH | A VA/AC C ALICED I | DV | rterio | | ic ca | rdio | vaccul. | ar dis | 9259 | | 8 | ETWEEN ONSE | ET AND DEATH |
| PRESTON | 2 E O E E S | | | IMMEDIATE | | OR AS A CO | | | IGIOY | vascui | ai uis | sease | | | | |
| RES | THIN 2. | | | if any, which | 1 | | | | | | | | | | | |
| × . | TED WITH N PENCIL XAMINEI AL - TRAN MENTAL N, OR RE | | | ta immediate ting the under- | (b)_ | OR AS A CO | NSEQUENCE (| DE. | | | | | | | | |
| 2011 | JTED WITHI IN PENCIL EXAMINER 1AL - TRANS MENTAL H OMENTAL H | | lying cause lo | | 1- | , 011 45 4 601 | TOL WOLITCE ! | 51 | | | | | | 23.17 | | |
| 38.2 | Z | | PART 2 OTHER SIGNIFI | CANT CONDITIONS CO | NTRIBUTING TO O | NEATH BUT NOT DEL | ATEN TO THE TERM | INAL DISEASE | DR CONDITION | N CIVEN IN BAR | 7 1 | | | | | |
| RECORDS, | D BE EXECTED BE EXECTED BY A BUILDAL AND A SA BUILDAL AND CREMATI | Z | | CANT CONOTIONS CO | THE STATE OF THE S | DOT NOT KEE | ATEU TO THE TERM | INAL UISTAST I | JK CONOTTO | N GIVEN IN PAR | 1 1 10 . | | | | | |
| REC | PEND MED AS A LEALTH | 5 | 19a, DATE OF OP | ERATION | Ties co | INDITION FOR | WHICH OPER | ATION WA | S PERFOR | MED? | | | | 120 | AUTOPSY | (2) |
| Z | SHOULD ORD "PE CHIEF A E USED, URIAL, | - PE | | | 170.00 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0.210 | | | | | 20 | | |
| > | WORD WORD WORD E CHIE ENT OF | E | 210 EXTERNAL C. | AUSE WAS | 71h TIM | E OF INJURY | | T217 HO | W IN HIPY | OCCUPPED | ENTER NATUR | E OS INJUIDA IV | ITEM TO DART 1/ | OR BARTON | YES | NO |
| ō | INE WOULD BOULD BO | ICI | UNDERLYING (| OR | HOUR | A.M. MONTH | DAY YEAR | | VV II VJORT | OCCORRED |) (FIAIFE IAMIDE | COP HAJORT HA | TIEM TO PART I | JA FARI 2) | | |
| OS OS | ERTIFIC NG TI SHOU PRIOR | MEDICAL CERTIFICATION | CONTRIBUTING | | | P.M. | 19 | 211. LOC | ATION | | | | | | | |
| DIVISION OF VITAL | VRITING VRITING VRITING VRIEDEP JE DEP 201 PR | MEI | NAME OF THE PARTY | OT WHILE | | FACTORY, FARM, | | | REET | | CITY | Y OR TOWN | | COUNTY | | STATE |
| | TSAAA | | AT WORK | TWORK | | | 1 | 1 | | | | | | | | |
| | FORW FORW OR: PY THE ST, ND, 2 | | 220 I certify th | at I taak charge | of the remain: | s described ab | ave, held an | Autapsy | . L. | Inspection | LX In | iquiry . | and in m | ny apinian | 1 | |
| | MIN BE I | 100 | death resulted fy | ram: Natural | I causes 📈 . | Accident | L, Su | icide, | Hamic | cide | Undetermin | ned manner | | | | |
| | AAN DIR SER | | ACTUAL 1 | | 17 | 1 4 | 1. 70 | | TITLE (S | PECIFY) | | | The same | | | |
| | NEEK HE | | SIGNATURE | lliu | 1/7 | neg11 | 1 1/11 |)_M.E | As: | sistar | T MEDICAL | EXAMINER | DA SH | ATE GNED Z | -28-85 | 5 |
| | ANOR MORE | / | EXAMINER'S NA | ME Day | nin E | chuth | M D | | 1. | 11 Dor | n Stre | oot | | | | |
| | TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | | (TYPE OR PRINT) | net | | . Smyth | | A | DDRESS_ | TT LEL | | | | | | |
| | ±00€ ₹ 4 € | 23a.Bl | IRIAL, CREMATION | N, REMOVAL 236 | DATE | 0 200 | NAME OF CE | AETERY OR | CREMATO | ORY | 23d. LOCAT | ION I | | COUNTY | 1 5 | STATE |
| 07/B4 25M | BP | 24.5 | +sur1 | 011 | 0 -1- | 000,7 | corol | Hed | 1 051 | Jesus | 7 | sa It | 0 6 | DUI | 214 | me |
| 23/41 | DHMH - 17 | 24 Ft | NAME NAME | - M \ | ADE | Dess a | 1701 | Mile | ins | 230. DATE R | EC'D. BY REG | | REGISTRA | R'S SIGNA | ATURE / | |
| | (VR A15 ME (5)) | | Kame | 17 H | Ynan | 1011 | 100 | N | 000 | UUL | 30 198 | 0 // | area cran | 107 N= P | andres | 1 |

212108

STATE OF MARYLAND

| ı | 1 - | FOR STATE | | DEPART | | | MENTAL HYG | IENE | | | . 19 | 1 |
|----|---------------|---|-----------------------|--|-------------|-------------|------------------|------------------|--------------------|------------------------------------|------------|--------------|
| J | | REGISTRAR | | | CERTIF | ICATE OF | DEATH | 8 | REG. NO. | 19 |) 7 | |
| ľ | | CEASED NAME FIRST | | MIDDLE | ı | AST | | 20 DATE OF DE | ATH MONTH | DAY YEAR | 26 HC | DUR |
| 1 | 1111 | EL | SIE | C. | R | OBINSO | N | JULY | 24, 19 | 85 | 11 | 0.16 |
| 1 | 3. SEX | Κ | 4 RACE | | 5 DATE C | | YEAR | 6 AGE (IN YEAR | S LAST BIRTHDAY) | MONTHS DAY | | SER SHILLING |
| |] | Female | Black | k | 9 | 3 | 19 | 65 | Y | RS DAT | HOURS | MIN. |
| Į. | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | 9 8 | □ NIEVER | MARRIED - | | CITY OR COL | INTY OF DEATH | | |
| ŝ | | Va. | USA | | WIDOWE | _ | IVORCED X | BA | LTIMOR | E CITY | | MD. |
| | | TY OR TOWN OF DEATH | | HOSPITAL, NURSI | | OR OTHER IN | STITUTION | 120 USUAL OC | | | | NESS OR |
| 4 | AL | TIMORE | TUE | | | HOCDT | TAI | TIPE OF WORK FO | R MOST OF WORK | NG (IFE) INDUSTR | Ť | |
| d | 130 S | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | JIHNS HO | | HOSPI | | 13e STREET ADE | DECC / 710 (| CODE | | |
| 1 | | Md. | | Balto. | | YESM | NO [| 1324 | Edisor | | 2121 | 13 |
| | 14 FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER | S MAIDEN NAM | ΛE | | | | |
|) | | Edward | B. | Jones | | Rh | odalia | | HODLE | | LAST | |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | URITY NO | 17 INFORM | ANT | | ADDRESS | | | |
| | (4 | NO NO | E WAR OR DATES | 228-10 | -9207 | Jac | quelin | e Barn | ett : | 1324 Ed | isor | 1 Hwy |
| 1 | | 18 CAUSE OF DEATH (Enter or | ly ane couse pe | r line for (a), (b) -a | nd ic | | | | | | OXIMATE IN | |
| 1 | | PART I. DEATH WAS CAUSE | Ď BY: IE CAUSE (a) | " 111 - | car | vest | | | | 167 | lum | 1-01 |
| 1 | | in the both | | DR AS A CONSEQU | IENCE OF | | 1 , | 1 | | | 1 | |
| | | Canditions, if any, which | ((b) | DINGL | 1 1 . | and 1 | probab | H Seps | 215 | 14 | Van | r |
| ť | | gave rise to immediate cause (a), stating the | DUETO | OR AS A CONSEQU | IENCE OF | / | | 1 | | | 0 | |
| 1 | | underlying cause last | (c) | Ao A CO. 10 . C | | | | | | | | |
| 1 | | PART 2 OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO | DEATH BUT | NOT RELATE | D TO THE TERM | NAL DISEASE O | R CONDITION | GIVEN IN PART | lia | |
| | CERTIFICATION | Failure to u | , ean fo | ron Ul | utc/a | TOV | | | | | | |
| 7 | CAI | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERF | ORMED | 200 AUTOPS | | F YES, WERE FINI ERTIFYING CAUS | | |
| | RTIF | | | | | | | YES N | 2 | YES 🗌 | NO | |
| | | 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA | 1.00.00 | OF INJURY .M. MONTH D | AY YEAR | 21c HOW I | VJURY OCCURR | RED (ENTER NATUR | E OF INJURY IN ITE | M 18 PART I OR PART 2 |) | |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER | | .M. | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | | OF INJURY | FARM, ETC) | 211 LOCAT | | C | ITY OR TOWN | COUNTY | | STATE |
| | | AT WORK AT WORK | | | | | | | 1 | | | |
| | | 220 I certify that (I) (this haspi | 0119 | and the same of th | 100/1 | 121 | 19 55 | , ta | 1/24 | 19 7 | | (we) last |
| | | saw the deceased alive an obove 4H (we) did) did no | t) view the blody | ofter death. | | | V(aur) apinian c | deoth occurred o | n the dote and | hour and from t | e causes | stated |
| | | 226. SIGNATURE | Dalle | | | DEGREE | ATTENDING | MEDICAL | STAFF | 22c. DA | TE/SIGNE | 2/00 |
| 4 | 11.2 | 1100 | MARIN . | | 10 | 1111 | PHYSICIAN | DIRECTOR | | - | -1 | 10) |
| | | 22d. PHYSICIAN'S NAME (TYPE,C | PPRINT | + 1/1 | | 22e ADDRE | 55 10 of | 7 H. | 27 | / BALTO. | | |
| | | 101161 | nrell | (ely | | John | THOPP | my /10. | 18 /dl | 212 | 05 | |
| | 23a B | URIAL, CREMATION, REMOVAL | 23b. DATE | | | | CREMATORY | 23d COCATIO | OWN | COUNTY | | STATE |
| | | Burial | 7/28/ | /85 N | Mt. O | live | | | hard, | Va. | | |
| | 24 FU | INERAL DIRECTOR | | ADDRESS | | .12 2- | 250 DATE | REC'D. BY REG | ISTRAR 251 BE | POSSAR Sports | WOOS- | 3. |
| | | Wm C March | F/H | 1101 E | . Noi | tn Av | e ULZ | 0 1900 | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)



203378

STATE OF MARYLAND

| 1 - | FOR STATE REGISTRAR | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 SEG. NO | . 19 | 0 7 | 1 3 |
|---------------|---|---|--|----------------------------|--|----------------------------|-----------------------------|
| TYPE | CEASED NAME FIRST | J. Rol | oinson | | MONTH DAY | 85 . | 345 |
| SEX | MAle | RACE White 5. DATE CO MONTH | | 6. AGE (IN YEARS LAST BIRT | YRS | S DAYS HO | UNDER 24 HRS |
| (| Ba ITO. MD. | MARRIED WIDOWE | D DIVORCED | Baltimore City o | 00 | 144 | M |
| | BAITO | 1. NAME OF HOSPITAL, NURSING HOME CO | OR OTHER INSTITUTION | PRE LONG | | NOUSTRY | USINESS OF |
| 3a. S | STATE 136. COUNT | THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y 13c CHY OR TOWN | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS | ZIP COPE LE Hat | · au | 2 21 |
| J | VAS DECEASED EVER IN U.S. ARM | | 15 MOTHER'S MAIDEN NAI | MIDDLE | m gas | 1.010 21229 | <u> </u> |
| () | 18 CAUSE OF DEATH (Enter only | war OR DATES) 705-12-2450 | DA Seon ge | Bonwell. | 1101 Ban | APPROXIMAT BETWEEN ONSE | E INTERVAL ET AND DE ATH |
| | PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | | Heart Fo | allure 1745 | | | |
| NOL | | onditions <u>contributing to death</u> but | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | | YES NO M | 20b. IF YES, WE IN CERTIFY INC YES | CAUSES OF | |
| WEDICAL CE | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | P.M. 19 | 21¢ HOW INJURY OCCURI | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I I | OR PART 2) | |
| MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE FARM ETC.] | 21f LOCATION STREET | CITY OR TO | wn (| COUNTY | STATE |
| | saw the deceased alive an above, (1) (we) (did) (did not) | view the body ofter death. | ed that in (my) (our) opinion | | | I fram the cou | |
| | 22b SIGNATURE | | DEGREE | | | 22c DATE SIG | NEU |

274 PHYSICIAN'S NAME LIVE POPULI

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

220 DATE SIGNED

22e ADDRESS

Wilmer K. Gallager, Jr., M.D. 23b. DATE

3455 Wilkens Avneue-Baltimore, MD 21229

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

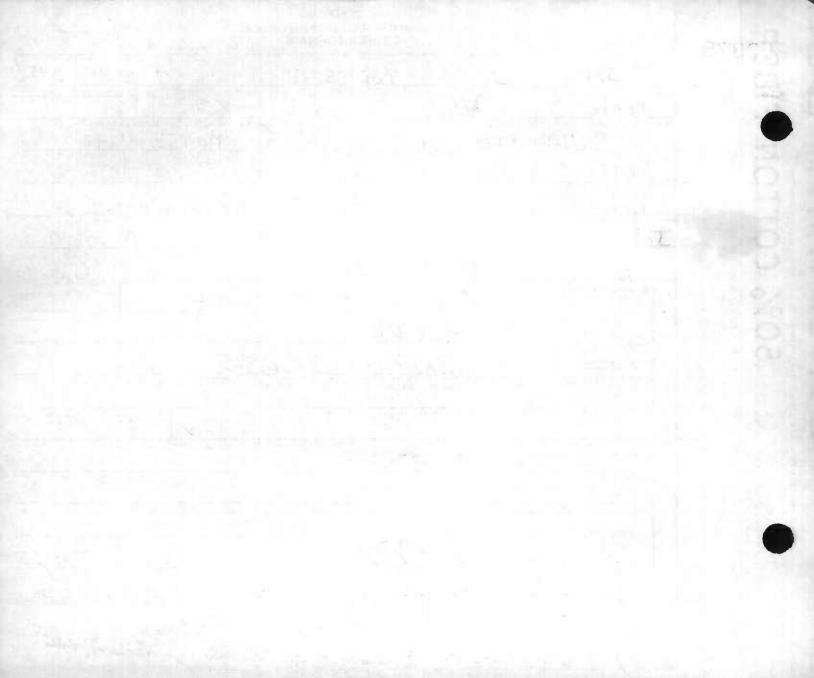
24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

who Daydon-M



STATE OF MARYLAND

| DEPARTA | CERTIFICA | GIENE | 8 | REG. NO. | ì | 9 | 6 | 9 | 4 | | |
|-------------|---------------|-------|------------|----------|----------|--------------|------|---------|--------|------------|--------|
| R | doinso | 38 | | 2a. DA | TE OF DE | ATH MO | NTH | DAY | YEAR | 194 194 | R 🤻 |
| | 5. DATE OF BI | | | 6 AGE | IN YEAR | SLAST BIRTHD | LY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
|) | MONTH | DAY | YEAR Y8 | 1 | 07 | | YRS | MÖNIHS | DATS | HOURS | MIN. |
| AT'COUNTRY! | 8 AAA'DDIED | NEVED | APPIED T | 9 BAL | IMORE | CITY OR C | OUNT | Y OF DE | ATH | | |

Bastimal

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

13c. CITY OR TOWN PINDNO

16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

13b COUNTY

lubinson 125

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and c CAR DIOMYOPATHY PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ACUT

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 200 AUTOPSY?

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE

21L LOCATION STREET

CITY OR TOWN

STATE

126 KIND OF BUSINESS OR

INDUSTRY

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ abave, (1) (we) (did) (did nat) view the body after death

and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) SURJIT

JULKA

22e. ADDRESS

23a BURIAL, CREMATION, REMOVAL 12/46

226 SIGNATURE

FOR - STATE

3. SEX

130 STATE

14 FATHER'S NAME

REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

CNO WN NS VII

DHMH - 16 60M 7/84 (VRA 15, 4)

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H He

MPORTANT

Dept

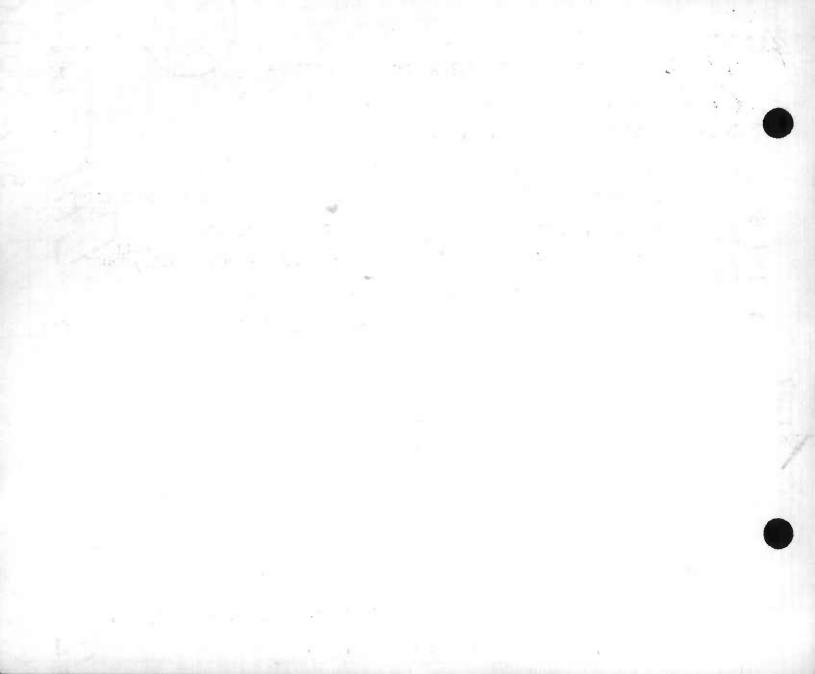
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MEDICAL

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THE STATE OF THE S Crange to service the service of the Maria de viva a como de la compansión de July 15 have been a second of the second control of the second seco Frank 1 Start Colored and The and

| | | | JIA | IE OF MAKTLAND | | |
|-----------|---|---|---|--|---|--|
| 1 - | | | CEDIL | | 2 5 | 9/00 |
| | OD DDIN.TI | MIDDLE | | LAST | | DAY YEAR 26 HOUR |
| | MONIO | | | | JULY 24,1985 | 10:55A |
| | | | A MON | OF BIRTH. 1- 2 1980 EAR | Ц | MONTHS DAYS HOURS MIN. |
| | | | INITDV2 II | | 9. BALTIMORE CITY OR COUNTY | Y OF DEATH |
| MÁ | RYLAND | U. S. A | | | BAI | LTIMORE CITY MD. |
| В | ALTIMORE | JOHNS HOPKIN | VE STREET ADDRESS) | 70 9 | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI NONE | 12b. KIND OF BUSINESS OR INDUSTRY |
| 12 C | RYLAND | NA BAL | TIMORE | 13d. INSIDE CITY LIMITS? | ONE GUTLD HAL | L COURT |
| | | CHER | AST | | | 212,07 |
| 6a W | AS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIA | | 17 INFORMANT | ADDRESS HA | LL COURT |
| 1 | PART I. DEATH WAS CAUS | ED BY: | | Hypertherm | 14 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | IMMEDIA | | NSEQUENCE OF | | | 2011. |
| | Canditians, if any, which gave rise to immediate | (b) Repu | iv of | Tetralogy of F | allot | 24415 |
| | underlying cause last | DUE TO, OR AS A CO | NSEQUENCE OF | | | |
| 20 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BU | T NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIV | VEN IN PART 1(a |
| IFICATION | 7 22 85 | et al | 1 | N WAS PERFORMED | IN CERTII | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO N |
| | | 21b. TIME OF INJURY HOUR A.M. MON | TH DAY YEAR | | | |
| CAI | (IF EITHER NOTIFY MEDICAL EXAMIN | ER) P.M. | 19 | The control | | - 1 |
| MED | WHILE NOT WHILE | | | STREET | CITY OR TOWN | COUNTY STATE |
| | A TOOK | oital) attended the deceased | tram | 122 1985 | 10 7/24 | 19, that (I) (we) last |
| | saw the deceased alive a abave. (1) (we) (did) (did r | nnatiview the bady after death | 19, c | and that in (my) (aur) apinian | death accurred an the date and hav | ur and fram the causes stated |
| | 226. SIGNATURE | in here. | | DEGREE ATTENDING | MEDICAL STAFF | 7/2 Y/85 |
| | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | | DIDECTOR DHYSICIANI | 11-1197 |
| | Gary D. | Steinberg | | Johns | Hopkins Hosp | |
| 23a B | URIAL CREMATION, REMOVA | 1 7727/85 | KING M | EMORIAL PARI | BALTIMORE, | MD STATE |
| 24 FU | ROY O. DYFT | 14600 LIBE | RTY HGH | TS.AVF. 250 PAI | REC'D BY REGISTRAR 290. REGIS | FRAR'S SIGNASURE |
| | MEDICAL CERTIFICATION MEDICAL CERTIFICATION | DECEASED NAME (TYPE OR PRINT) DECEASED NAME (TYPE OR PRINT) MONIC SEX FEMALE G. BIRTHPLACE (STATE OR FOREIGN MARY LAND G. CITY OR TOWN OF DEATH BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OF DEATH BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OF DEATH BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OF DEATH REVINT E. HAT(135 COL MARY LAND 4 FATHER'S NAME KEVINT E. HAT(106 WAS DECEASED EVER IN U.S. A 1745 NO UNKNOWN) 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 7 22 8 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (this has saw the deceased alive of obave, (I) (we) (did) (did of 22b. SIGNATURE 22c. I certify that (I) (this has saw the deceased alive of obave, (I) (we) (did) (did of 22b. SIGNATURE 22c. I CERTIFY THAT (I) (THIS HOS) AT FUNERAL DIRECTOR | DECEASED NAME IMPROVEMENT MONIQUIKI ERIC MONIQUIKI ERIC SEX 4. RACE FEMALE BLACK BLACK BRITHPLACE (STATE OR FOREIGN MARYLAND 0. CITY OR TOWN OF DEATH BALTIMORE JULIA RESIDENCE (IF NURSING HIS MARY DONN) MARYLAND 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI JULIA RESIDENCE (IF NURSING HIS MARY DONN) MARYLAND 13. COUNTY MARYLAND 14. FATHER'S NAME KEVIN E. HATCHER 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IVES, IN QUINKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for Ical PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CO Conditions, if ony, which gave rise to immediate cause [a], stating the underlying cause last 190. DATE OF OPERATION 191. DATE OF OPERATION 191. DATE OF OPERATION 192. DATE OF OPERATION 194. CONDITION FOR 210. ACCIDENT WAS UNDERLYING 194. CONDITION FOR 210. MILE AT WORK 210. INJURY OCCURRED WHILE AT WORK 210. PLACE OF INJURY (AT HOME, STREEL, FACTORY 1210. PHYSICIAN'S NAME (TYPE OR PRINT) GAY D. STREEL, FACTORY 1220. PHYSICIAN'S NAME (TYPE OR PRINT) GAY D. STREEL, FACTORY 1240. PHYSICIAN'S NAME (TYPE OR PRINT) GAY D. STREEL, FACTORY 1250. BURIAL, CREMATION, REMOVAL 1250. PURE RALD IRECTOR | - STATE REGISTRAR 7-31-85 item 13 L J CERTI DECEASED NAME (IYPE OR PRINT) MONIQUIKI ERICA RODG SEX FEMALE G. BIRTHPLACE (STATE OR FOREIGN MARY LAND G. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IN HOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL JOHNS HOSPITAL JOHNS HOPKINS JO | - STATE REGISTRAR 7-31-85 I TOM DECEASED NAME PAST MONIQUIKI ERICA RODGERS—HATCHER SEX FEMALE BLACK | - STATE RECISTER 7 - 31 - 85 i t em 13 L J CERTIFICATE OF DEATH - STATE RECISTER 7 - 31 - 85 i t em 13 L J CERTIFICATE OF DEATH - MONI QUILKI ERICA RODGERS - HATCHER - MONI QUILKI ERICA RODGERS - HATCHER - SEX REMALE - BIRHERACE (15-14) OFFORMON - BELLEVIN OF WHAT COUNTRY - BLACK - BRITHACE (15-14) OFFORMON - BLACK - BLACK |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

| AL HYGIENE I | 8 | REG. NO. | 1 | 9 | 1 | 0 | |
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| | | | | _ | | | - |

| ١ | | REGISTRAR | | | | CERTII | FICATE OF DEATH | 5 | REG. NO | o. 1 | 7 1 | 0 1 |
|---|---------------|---------------------------------------|---------------|-----------------|--------------------------------------|----------------|-------------------------------|-------------|------------------|------------------|-----------------------|----------------------------------|
| Ì | | OR PRINT | FIRST | | WIDDLE | 0 | LAST | 2s. DATE | OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| | Titre | OR PRINT) | JAM | FS | H. | Re | Kers | | | 7/5 | 185 | PIGSTO N |
| 7 | 3. SE> | | | 1. RACE | - 14 | 5 DATE (| | 6 AGE (II | N YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| I | | Male | -33.00 | В | lack | 7 | 9 1894 | 90 | 41 | YRS. | DATS | HOURS MIN. |
| d | | RTHPLACE (STATE OR | FOREIGN | L CITIZEN OF | WHAT COUNTRY? | 8 AA A DDIC | D NEVER MARRIED | 9 BALTIN | ORE CITY O | R COUNTY | OF DEATH | |
| 9 | | Maryland | | U. S | . A. | WIDOW | | Bal | timore | City | | M |
| | 10. CI | TY OR TOWN OF DEA | ATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | | L OCCUPATE | | 12b KBP | Pardin Bara |
| a | | Baltimore | | | ran Hospi | | | Tru | ck Dri | ver | Real | |
| | 13a S | AL RESIDENCE (IF NURS | 136 COUN | | GIVE RESIDENCE BEFORE | | 113d INSIDE CITY LIMITS? | 13e STREE | ADDRESS / | ZIP CODE | 2708 W | Lanval |
| 3 | $\overline{}$ | aryland | - | | Baltimo | re | YES NO | St. B | Baltimo | ore, M | aryland | 1 21216 |
| 1 | 14 FA | THER'S NAME FIRST | A | AIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | MIDDLE | | LAS | ī |
| Ø |) | Aaron | | | Roger | 5 | Mary | 953 | | | | dock |
| | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT (| 4515) | 4518 | Fairv | iew Ave | enue |
| | | No. | | | | - 2 | Madgalene Jo | hnson | Apt. | A. Ba | lto. Mo | 1. 21216 |
| 1 | | 18 CAUSE OF DEAT | H (Enter on | y one couse per | line for 101, (b), one | dicii | | | 10 | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 1 | | PART I. DEATH W | | CAUSE (a) | CA | ROIC | DRESPIRAT | ORY | ARRE | ST | | |
| ł | | | | | | | | | | | | |
| 1 | | C 1111 11 | | DUE TO, O | R AS A CONSEQUE | NCE OF | HAT BLOCK | , | | | | |
| 1 | | Conditions, if any | | (b) | | NEN | 119 120-010 | | | | | |
| 1 | | couse (a), statir underlying couse | ng the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | |
| 1 | | underlying coose | 1051. | (c) | | | | | | | | |
| ł | 7 | PART 2 OTHER SIGN | VIFICANT C | ONDITIONS CO | ONTRIBUTING TO | EATH BUT | NOT RELATED TO THE TERM | AINAL DISE | ASE OR CON | DITION GIVE | EN IN PART 1 | 0 |
| 4 | CERTIFICATION | | | | | | | | | | | |
| 1 | CA | 190 DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AU | TOPSY? | 20b. IF YES, | , WERE FINDING CAUSES | OF DEATH? |
| 4 | RTIF | | | | | | | YES [| | YES | | NO 🗌 |
| 1 | | 210. ACCIDENT WAS UNI | | 21b. TIME C | F INJURY M. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER | NATURE OF INJUR | RY IN ITEM 18 PA | ART I OR PART 2) | |
| | CAL | (IF EITHER NOTIFY MEDI | | | Μ, | 19 | A 100 PM 100 PM 100 PM | | | | | |
| | MEDICAL | 21d INJURY OCCUR | RED | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE F | | 211 LOCATION | 72.00 | CITY OR TO | WN | COUNTY | STATE |
| 1 | ¥ | AT WORK AT WO | HILE | (AT HOME, SI | REET, FACTORY, OFFICE F | ARM, ETC) | SINEC | | (111 04 10 | | | JIAIL |
| 1 | | 22s.1 certify that (I) | (this hospite | ol) attended th | e deceased from_ | | . 19 | to | | | 9 | that (we) los |
| | 741 | sow the deceas above, (1) (we) (| ed alive an | wew the hady | otter death | . 0 | nd that in (my) (our) opinion | death occur | red on the do | te and hour | ond from the | couses stated |
| | | 226. SIGNATURE | 3,0,10,0,00 | , new m. oddy | - 0.5 | | DEGREE | | | | 22c DATE | SIGNED |
| | | de | du | ves (| x. Ur | 0 | ATTENDING PHYSICIAN [| MEDICA | R PHYSIC | | 7/57 | B |
| | | 22d. PHYSICIAN'S N. | AME (TYPE OR | PRINT | , , | | 22e ADDRESS | | 44 | . 0 | | |
| | | 46 70 | WW/N | A L | cur |) | WITH | 6720 | N It | 02101 | TOU | |
| 1 | | URIAL, CREMATION, | | 23b. DATE | 23c N | AME OF | CEMETERY OR CREMATORY | C | CATION | | COUNTY | STATE |
| | | Buria | _ | | | | hedral Cemete: | ry Bal | Ltimore | 2, | Ma | aryland |
| | 24 N | WELLE SORS | ons Fu | neral H | iome, Inc. | • | 250 DAT | TE REC'D BY | REGISTRAR | ISI REGISTE | AP'S SIGNAL | HOERE. |
| | 25 | 01 Gwynns | Falls | s Pkwy. | Baltimor | e, Mo | 1. 51519 PAL | 10 | ין כסבו | . 700 4000 | | ă. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

IMPORTANT

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MARIE A L LEADER

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Truck Driver Colored State (1994)

Av. A. Balto. Fd. 21216

Total

TAN IN

Number & Some Poster Lings in Proceed Concern williams. Huryland August Some Poster Lings in. 1216

BALTIMORE CITY OR COUNTY OF DEATH more 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT HOME ART. STONE HENGE CIR, COHEN BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 40 UMS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION BATTIMORE MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE TO THE STATE OF THE STATE

25. HOUR

IF UNDER 1 YEAR

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD.

230. BURIAL, CREMATION, REMOVAL (SPECIF BURIAL

BALTO., MD

AUG.1,1985

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ROLL OF THE WASTERN ASSESSED. MD Lesson Brown and Company of the C Contact the tenth of the Merchant of the state of the state of - CONTROL OF CUITA THE PRESENT AND A CONTROL OF THE CONTROL OF THE

| PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 RG. NO. | 19/ | 0 3 |
|---|------------------------|----------|---------|
| O LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| Koselle | 7-20 |) - 57 | 80 |

| 1102 | 1- | STATE REGISTRAR | | | CERTI | ICATE OF DEATH | 8 Reg. No | . 19 | 103 |
|--|----------------------|---|---|--|--|-------------------------------|--|---|---|
| CTUAD deceth | | CEASED NAME OR PRINT) | han | MIDDLE | Rosel | le le | 7- | 20-81 | YEAR 26 HOUR M |
| ector, po | 3. SEX | FEMALE | 4 F | BLACK | 5. DATE | | 6 AGE (IN YEARS LAST BIRT | YRS | DAYS HOURS MIN. |
| in 72 hou | | RTHPLACE (STATE OR FO | | CITIZEN OF WHAT CO | A. WIDOW | | 1 Seltim | ore Ci- | 4 4 MO |
| 11/6 | 10 CI | Baltimor | | NAME OF HOSPITAL, | | OR OTHER INSTITUTION | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | F WORKING LIFE) INDU | RIND OF BUSINESS OR USTRY Sturant |
| M 25 | 130. S M a | aryland | 36 COUNTY | and the same of th | NCE BEFORE ADMISSION OR TOWN timore | 136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 3930 Balti | zip cobi3930 more, Md. | Rokeby Rd. 21229 |
| ompletely and 2 sh | | THER'S NAME FIRST Nathaniel | | Pa | rham | 15 MOTHER'S MAIDEN N | MIDDLE | | LAST |
| an and co | | VAS DECEASED EVER IN ES, NO OR UNKNOWN) NO. | U.S. ARMEI | AR OR DATES) | 20-5825 | Gordon M. R | | SRokeby Roimore, Md | . 21229 |
| g physicion pon poper removol. | | PART I. DEATH WA | Enter only on S CAUSED B MMEDIATE C | | diac / | Balgarry | Hmia | 861 | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| by the oftendin by the oftendin sse remove corb , cremation, or | | Conditions, if any, gove rise to imme couse (0), stating underlying couse | ediote the | DUE TO, OR AS A CO | Cardi | o pulmona | daylun | st re | |
| squires the signed to the pleo to buriol, or | NO | PART 2 OTHER SIGN | FICANT COM | 101 | 727111 | T NOT RELATED TO THE TER | RMINAL DISEASE OR CON | DITION GIVEN IN PA | ART 110 |
| hos been to permit. | CERTIFICATION | 198 DATE OF OPERATI | ON | 196. CONDITION FOR | WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? YES NO | 206 IF YES, WERE I IN CERTIFYING CA YES [| FINDINGS USED AUSES OF DEATH? NO [] |
| SICIAN TI ng physici certificate riol-trons entol Hygi frem 18 sh | | 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | SE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MON P.M. | TH DAY YEAR | | JRRED (ENTER NATURE OF INJUI | Y IN ITEM 18 PART I ORP | ART 2} |
| attending attending the this of the bust he bust he darked or I | MEDICAL | 21d INJURY OCCURRE | ,E 🗆 | 21e PLACE OF INJURY (AT HOME STREET, FACTOR | Y OFFICE FARM ETC) | 21f LOCATION STREET | CITY OR TO | WN COU | INTY STATE |
| spitol or CTOR. A I far use of Heali | | saw the deceased obove, (1) (we fidi | | attended the decease | | and that in (my) (our) opinio | in death occurred on the di | | |
| TAL OR by the ho RAL DIRE detoched tote Dept | | 226 SIGNATURE | tel | ren | | | MEDICAL STAI | FF _ | DUT SIGNED |
| retoined by to FUNERAL should be defined by with the Stote | | Mogles | Ge | brema | | 229 ADDRESS | | | |
| | 23a E | BURIAL, CREMATION, R | | 73b. DATE | The second | CEMETERY OR CREMATOR | CITY OR TOWN | Paltimore | |
| BP | 24 F | Buria | | 7/26/1985 | | on Forest Vet | ATE-REC'D. BY REGISTRAR | | e, Maryland |

DHMH - 16 60M 7/B4 (VRA 15, 4)

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

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- - 37'D CATEDOON, MA. 21722

21 - 2 - 54 /5 Sorden d. shumbid del sirene, Md. 2100

Balticore, Miryland

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FEDI Destell Pally Pany, Ballinore, Et. 21216

| | STATE OF MAR |
|-----------------------|------------------------|
| 214.094 1 - FOR STATE | DEPARTMENT OF HEALTH A |
| - STATE | CEDTIFICATE C |

RYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE OF DEATH | REDNO. | 1 7 / 0 4 |
|---|---|---|--|---|
| 1 DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| SAMUE | L | ROSENBLATT | JULY 23, 1985 | 950 |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| MALE | WHITE | MAY 12, DA 1912 YEAR | 73 _{YRS} | MONTHS DATS HOURS MIN. |
| I'B. BIRTHPLACE (STATE OR FOREIGN MARY LAND | 76 CITIZEN OF WHAT COUNTRY? USA | MARRIED NEVER MARRIED WIDOWED XX DIVORCED | BALTIMORE CITY OR COUNTY BALTIMORE CITY | |
| 10 CITY OR TOWN OF DEATH BALTIMORE | 304 W. 30th St. | | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR INDHSTRY I |
| 13a. STATE MARYLAND 13b COU | | YES NO [| 304 W. 30th St. | , 1st Fl. 21211 |
| 14. FATHER'S NAME FIRST SOL | ROSENBLAT | | MIDDLE | LIPMAÑ |
| 160 WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECTION IN THE PROPERTY 16 TO | URITY NO. 17. INFORMANT MISS 4270 LABYRI | NETTIE ROSENBLA NTH RD. BALTO. | The second second second second second |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING | | DEATH BUT NOT RELATED TO THE TERM | 20a AUTOPSY? / 20b. IF YE | VEN IN PART 1(0) S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE THE LIMER NOTIFY MEDICAL EXAMINE WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK | ATH HOUR A.M. MONTH D | 19 211 LOCATION | YES NOT YER RED (ENTER NATURE OF INJURY IN ITEM 18 | PART LORPART 2) COUNTY STATE |
| | ortal) attended the deceased from a large of the body ofter death. | A C | death occurred on the date and hou | 19—35, that (I) (we) lost or and from the causes stated 22c DATE SIGNED |
| 22d PHYSICIAN'S NAME (TYPE | Who | | MEDICAL STAFF DIRECTOR PHYSICIAN | 7-24-85 |
| EVANGELOS LEGN | | UNION MEM. H | IOSP. CLINIC #2 | BALTO., MD |
| 230. BURIAL CREMATION, REMOVAL | 7-25-85 GAF | RAME OF CEMETERY OF CREMATORY ETERANS | OWINGS MILLS | BALTO, MD |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove as with the State Dept of Health and Mental Hygiene prior to burial, cremation,

OR ATTENDING PHYSICIAN: The lo

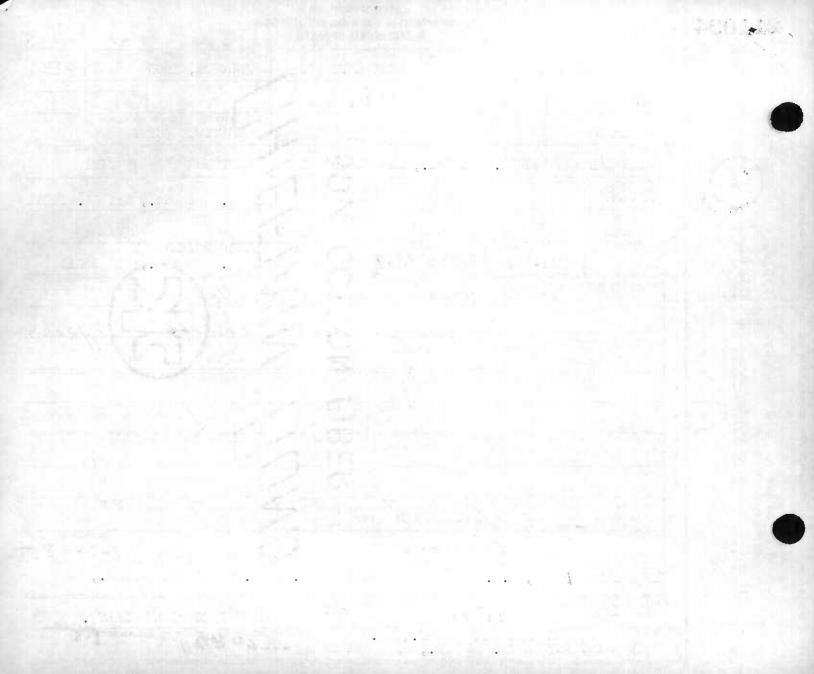
retained by the hospital or attending physician

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

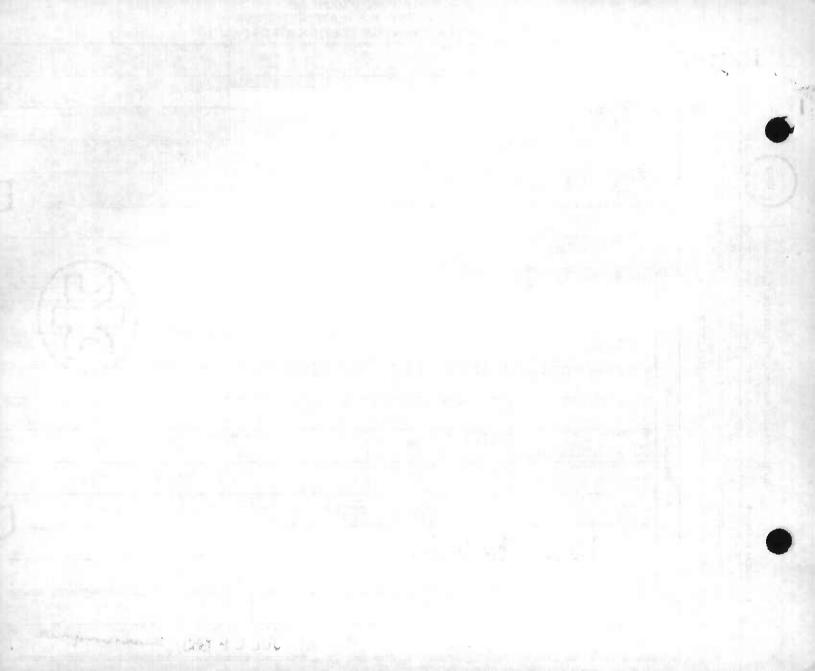
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

250. DATE REC'D BY REGISTRAN LOTER



| | | lt | ems 18- | -22a 87. | 1/85 | F#606 | DEPART | MENT OF | HEALTH | AND MEN | TAI HYG | IENE | | | | | |
|-------------------|---|-----------------|--------------------------------|-------------------|---------------|---|--------------|------------------|--------------|---------------------|-----------------|---------------|------------------|--------------|-------------|----------------|-------------|
| | | - | STATE REGISTRAR | | | ME | DICAL | FYAMIN | FP'S | | TE OF D | | | .4 / | - | 1 1 | -19 |
| | | | CEASED NAME | EIRST | | 77110 | WIDDIE | EAAMIN | EK 3 | LAST | TE OI E | 24 | REG. | | 1 1 | YEAR | 2b. HOUR |
| - 3 | 192107 | | E OR PRINT) | | . la | | | | D - | | | 0 | ESTI- | | | | ZB. AOOR |
| | A SECON | 3. SEX | , 1 | 4. RACE | hony | TE OF BIRTH | | 6 AGE (IN YE | Ro | | | | TH MATED | MONT! | -4 H DAY | 19 85 | N |
| | SERVE | | 1. | | MON | TH DAY | YEAR | LAST BIRTHD. | | | UNDER 24 H | PRON | DUNCED | MONT | DAT | | 5:57 |
| | \$2555 \$255 \$255 \$255 \$255 \$255 \$255 \$25 | - | ale | Black | 1 | 10 | 55 | 30 YI | RS. | | | | AD | 7 | -4 | 1985 | р. м |
| - | SSE SEE | | RTHPLACE (ST | ATE OR | 7b. CI | TIZEN OF W | HAT COUN | VTRY? | 8. MARRI | ED NEVER | MARRIED 3 | 8 9. BAL | TIMORE CITY | OR COU | NTY OF | DEATH | |
| • | SAN | | Md. | | | USA | | | WIDOW | | | | ltimore | | | | MD |
| 7 | 2年2日 | 10 CI | TY OR TOWN | OF DEATH | 11. N/ | AME OF HOS | PITAL, NU | RSING HOME | , OR OTH | ER INSTITUTIO | N 12a | FOR MOST OF | CUPATION (| TYPE OF WOR | K 12b. K | IND OF BU | |
| 0 | SOA HILL | 1 | Baltim | ore | | | | ins Hos | spita | 1 | | TOKMOSTOF | WORKING LIFE) | | | JK 11 4D 0 3 1 | KI |
| A | See See | USUA III., S | L RESIDENCE | | | INSTITUTION, GI | | BEFORE ADMISSI | ON) | 13d. INSIDE CITY LI | unes Isa | | | 1 | | | |
| / E | 3559 | Lie. 3 | Md. | 136. CO | DUNIT | | | lto. | | | MIIS? 13e | 1240 | Lind | a T. | af | C+ 2 | 1202 |
| 9 | S CHICAGO | 14. FA | ATHER'S NAME | | | | 1 | | | 15. MOTHER'S | | | | | GIL | CL. 2 | 1202 |
| w | E12525 | 1 | Moses | | WIDDL | | ndri | rke. | | Ros | 2 | | MIDDLE | | Ros | LAST | |
| 108 | 2055 | 16s. V | VAS DECEASED | DEVER IN U.S. | ARMED FO | ORCES? | | CIAL SECURIT | Y NO. | 17. INFORMAN | | | ADDRE | SS | KUS | 5 | |
| · Ē | SSS SSS | | ES, NO, OR UNKNO ? O | WN) (IF YES, C | GIVE WAR OR I | DATES) | 210 | -60-66 | 555 | Pogo | Mor m | | 1010 | 7 - 1- 7 | | | |
| × | MATTH WITH PAG DIVISI | | | F DEATH (F.A. | | | | | 333 | Rosa | TOWITE | 28 | 1010 | ASIL | | APPROXIMATI | |
| ti | MAT WE | 100 | PARTIDE | F DEATH (Enter | JSED BY: | couse per line | | | 1770 | | | | | | 86 | TWEEN ONSE | T AND DEATH |
| PRESTON ST | ASSESSED AS | | XXX | IMMED | DIATE CAU | | | Arcotis | | | | | | | - | | |
| 100 | A Z Z Z Z Z Z | | Condition | is, if ony, wh | | DUE TO, OR | AS A COI | 42EQUENCE | Jr. | | | | | | | | |
| E | E SE | - | gave ris | e ta immedi | iate) | (b) | | | | | | | | | | 1000 | |
| | D T T T T T T T T T T T T T T T T T T T | | lying cou | stating the unc | der- | DUE TO, OR | AS A CON | NSEQUENCE (| OF . | | | | | | | | |
| 25 | PAR PRO | | | | (| (c) | | | | | | | | | | | |
| RECORDS | HAR MAN | - | PART 2 OTHER SIG | SNIFICANT CONDITI | ONS CONTRIBL | JTING TO DEATH | BUT NOT RELA | ITED TO THE TERM | INAL DISEASE | OR CONDITION GIV | EN IN PART 1 to | ni. | | | | T 0 | |
| 20 | + CREATE AND THE ALL CREATE AND | CERTIFICATION | | | | | | | | | | | | - 7- | . 11 | | |
| 3 | | S | 19a. DATE OF | OPERATION | 150 | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 4 -1 | 20. | AUTOPSY | ? | | |
| N N | X82555 | E | | out the | 7 | | | | | | | | | | | YES XX | NO 🗌 |
| DIVISION OF VITAL | HIS CERTIFICATE SHOWNING THE WORD ARDED TO THE CHIE CGE 3 SHOULD BE US ATE DEPARTMENT OF | | 21a. EXTERNA UNDERLYING | L CAUSE WAS | | 21b. TIME OF | | DAY YEAR | 21c. HC | W INJURY OC | CURRED (E | NTER NATURE O | F INJURY IN ITEM | 18 PART 1 OR | PART 2) | | |
| ON | STIFIC NG TH SHOU SHOU RIOR | 3 | | NG CAUSE | OF DEATH | P.M | | 19 | | | | | | | | | |
| VISI | THIS CERTIF WRITING I WARDED TO PAGE 3 SHO TATE DEPAR | MEDICAL | 21d. INJURY C | | | 21e PLACE | OF INJURY | | | ATION | | 6171.0 | | | | 377 | |
| õ | ARD | Σ | AT WORK | NOT WHILE | | SIREET, EAC | OKT, PARM, E | (C.) | 3 | INECI | | CITY O | TOWN | | COUNTY | | STATE |
| | RWYRWY STA | | 22-1 :: | y that I taak ch | (a) . | | 1 () | | Autop | ₩. | | 1 . | | | | | |
| | A STATE | | 0.00 | | | | | | | _ | spection L | 」, Inqu | _ | ond in my | opinion | | |
| | REC BE | | death resulte | ed fram: No | atural caus | es 🖾, | Accident | L., Su | icide | Hamicide | | ndetermined | manner [| 1. | | | |
| | X B B B B B B B B B B B B B B B B B B B | | ACTUAL | MAA | 10 | May 4 | hel | 0 | | TITLE (SPEC | | | | DAT | E | 7-5-8 |) E |
| | SER SER | 1 | SIGNATURE_ | Juny | VV. | MLPA | ory | 2 | M. | Assist | anc_, | MEDICALEX | AMINER | | NED | 7-5-0 | 33 |
| | WE CAN | | EXAMINER'S I | NAME Mar | garit | a A. I | Korel | 1, M.D | | 11 | 1 Pen | n St. | Balto |) M | д. | 21201 | |
| | TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 | - | URIAL, CREMAT | | | | | | | CREMATORY | | d. LOCATIO | | | • | 2+201 | |
| | 1221 | (5 | Burial | IOI4, KEMOVA | | /85 | | | | | | CITY OR TOWN | | cc | YTAUC | ST | ATE |
| 07/84 25M | BP1 was | | NEKAL DIKEC | TOR | 1//9 | /85 | 1 | Castvi | ew N | iem. Pl | DATÉ REC'E | Balt | imore | GISTRAR | dienia | TUDE | |
| | DHMH - 17 | 100 | NAME | | 1 | ADDRESS | | | | | | | 85 | ALL WELL | The same | Gandel | SC. |
| | (VR A15 ME (5)) | W | m C Ma | arch F | /H, | Inc. | 110 | 1 E. | Nort | h Ave | 302 | 0 0 13 | | | | | |

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| TELE DEBENDED TO A STORY | T seine | C. C. | 0 |
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injury, or other

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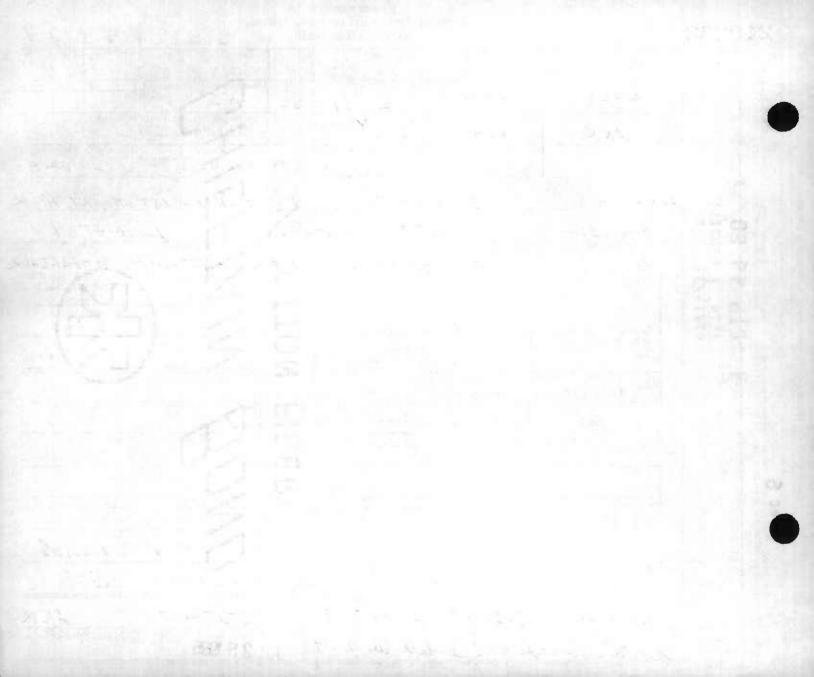
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| STATE | OF | MARYLAND | |
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DED A DESCRIPTION OF UPARTURAND SERVICES UVCIENT

| 1- | STATE REGISTRAR | | | - Б | EFARIN | CERTIF | ICATE OF | | GIENE | 8 RE 5N | | 9 | 71 | 0 / |
|---------------|---|--------------|---|-----------------------|---------------|-----------------------|----------------|------------------------|-----------------------|-----------------------|-----------------------------------|-----------------------------|---------------------------|--------------------|
| | CEASED NAME | FIRST | | MIDDLE | | - (| AST | | 20. DATE | OF DEATH | MONTH E | AY YEAR | 2b HO | UR A |
| W. | OR PRINT) | WEN | | | Α | | ROTH | | | JLY 25 | | | | 01 M |
| 3. SEX | MALE | | 4 RACE | 17/3 | | S. DATE O | | YEAR 2 | 6. AGE (II | 3 | | IF UNDER 1 YEA | | ER 24 HRS MIN. |
| | RTHPLACE (STATE OR COUNTRY) ARK | FOREIGN | 76 CITIZEN OF | | UNTRY? | 8 MARRIE WIDOWE | D NEVER | MARRIED | 9 BALTIM | ORE CITY O | E CITY | OF DEATH | | MD. |
| t CI | BALTIMORE | | THE J | OHNS | GIVE STREET A | DORESS | OSPITAL | TITUTION | (TYPE OF W | OCCUPATION FOR MOST C | F WORKING LIFE | 126 KIND INDUSTR' SEL | | |
| AR | ALPRESIDENCE (IF NUR STATE LK HYS AS ATHER'S NAME | 13b COUN | OTHER INSTITUTION | 13c CITY | OR TOWN | | YES 🗌 | ITY LIMITS? | Rt 2 | BOX2 | | w HOA | KT, | ARI |
| | RUSSE. | 44 | WIDDIE | | だのて | | KA | THRY, | N | MIDDLE | | 10-H | 701 | × |
| | VAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 166 SOC 431- | 64. | 346/ | CHAR. | LOTTE | = ROT | ADDRI | | | | |
| | 18. CAUSE OF DEAT PART I, DEATH V | VAS CAUSE | ly ane cause pe D BY: E CAUSE (a) | 4 | rdiuc | | rrest | | | Z. | | APPRO BET WEET | XIMATE INT | TERVAL ND DEATH |
| | DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate | | | | | | | | | | 5 | day | \$ | |
| | cause (a), stofing the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Failure. | | | | | | | | | 30 | o do | uy S | | |
| NO | PART 2 OTHER SIG | | | etasta | | | 4 | TO THE TER | MINALDISEA | ASE OR CON | DITION GIVE | N IN PART I | ila | |
| CERTIFICATION | 6/19/8 | | | | | | N WAS PERFO | | | TOPSY? | 20b. IF YES, IN CERTIFY YES | , WERE FIND (ING CAUSE | INGS US S OF DEA | ATH? |
| 10 | 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED | CAUSE OF DEA | TH HOUR A | DE INJURY L.M. MON | NTH DA | Y YEAR | 21c. HOW IN | JURY OCCU | RRED (ENTER | NATURE OF INJU | RY IN ITEM 18 PA | ART OR PART 2) | | |
| MEDICAL | 21d. INJURY OCCUR | HILE | | OF INJUR | | ARM ETC) | 211 LOCATI | | | CITY OR TO | WN | COUNTY | | STATE |
| | 22a certify that (I saw the decease abave, (I) (we) (| ed alive on | 71 | 125 | 19_ | 85 , a | nd that in (my | , 19 & 5 | , to n death accur | 7/1 red an the d | | ond fram th | , that (I) ne causes s | |
| | 226. SIGNATURE | ? S. | Grean | | 10 | | DEGREE | ATTENDING PHYSICIAN | MEDICA DIRECTO | L STA | | 22c. DAT | 25/2 | 85 |
| | 22d. PHYSICIAN'S N | AME STYPE C | Greens | e, p | 10 | | 22e ADDRES | | Hophi | , Ho | ipital | BALTO 2120 | . MD 05 | |
| 230 B | BURIAL, CREMATION (SPECIEY) URIA | | 7- 2 | 9-85 | | | EMETERY OR | | 230 10 | CATION | RT | COUNTY | A | RK |
| 9 | Walter L | abou | Sh- 160 | 50 | ADDRES | lh de | e 2/2 | 4 250 DA | TE REC'D. BY | REGISTRAR 1985 | 251 REGIST | ARALISM | Mand | 202. |

8P_ DHMH - 16 60M 7/B4 (VRA 15, 4)



DHMH - 16 50M 4/83 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

A Company of the state of the s Application vention and analysis of the second

STATE OF MARYLAND

| TH | AND | MENTAL | HYGIENE | |
|-----|-----|--------|---------|----|
| ATE | OF | DEATH | | 53 |

| 8 RECNO. | | 9 | 1 | 0 | 7 |
|---------------|-----|------|-----|--------|---|
| DEDEATH MONTH | DAY | VEAD | Lou | 110110 | _ |

| | 1 - FOR STATE REGISTRAR | | DEPARTM | | ALTH AND A | MENTAL HYGI | ENE 8 REGINO. | | 9 | 109 |
|----|--|--|---|-------------|---------------|--------------------|--|---------------|------------------------|------------------------------------|
| | 1. DECEASED NAME FIRS | | MIDDLE | LAST | 1 | | 20 DATE OF DEATH MC | ONTH DAY | YEAR | 26 HOUR |
| | | URANIA | Α. | ROU | ZEE | | JULY 3. 19 | 85 | | 11:35 |
| 9 | 3. SEX | 4 RACE | | 5. DATE OF | BIRTH | YEAR | 6 AGE (IN YEARS LAST BIRTHD | | JNDER 1 YEAR | IF UNDER 24 HRS |
| | Female | Cauc. | | 03 | 28 | 1911 | 74 | YRS | | |
| 1 | EIRTHPLACE (STATE OF FOREIG | N 76. CITIZEN OF | WHAT COUNTRY? | MARRIED (| □ NEVER A | ARRIED - | 9 BALTIMORE CITY OR | | PEATH | |
| 2 | U.S.A. MD. | U.S.A. | | WIDOWED | X DN | ORCED [| BALTIMOR | | | MD. |
| 1 | CITY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSING HEACILITY, GIVE STREET A | DORESS) | | ITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W | | 126 KIND O INDUSTRY | F BUSINESS OR |
| - | BALTIMORE | | JOHNS HO | PKINS | HOSE | PITAL | Retired | | Eng. | Am. Co. |
| 5 | 13a. STATE 13b | de or other institution sounty | 13c. CITY OR TOWN Belair | | 3d INSIDE CI | TY LIMITS? | 13e.STREET ADDRESS / Z 301 Langley | | Belai | riol4. |
| 1 | FATHER'S NAME | WIDDLE | LAST. | 13 | | MAIDEN NAM | ΛE | | | |
| 4 | Julius | MIDDLE | Adams | | | die | WIDDLE | | Barr | |
| 5 | 160 WAS DECEASED EVER IN U. | S. ARMED FORCES? | 16b. SOCIAL SECUR | ITY NO. 1 | 7. INFORMA | | ADDRESS | 301 | | ey Ct. |
| 4 | No | es one wan on pares | 213-10-66 | 665 | Mrs. S | hirley | M. Russell | Bela | ir, M | d. 21014 |
| | Conditions, if any, whi | AUSED BY. EDIATE CAUSE (a) DUE TO, Of the 1b) | AS A CONSEQUER | Arres | st | | | | 1.50 | MAYE INTERVAL MIN MIN MAY |
| -0 | underlying couse la | st. (c) | Antenio | SULES | | | | | | syears |
| 15 | PART 2 OTHER SIGNIFIC | ant conditions co | CHE | EATH BUT NO | OT RELATED | TO THE TERMI | nal disease or condit | ION GIVEN | IN PART III | 9 |
| / | TOPO COPIO CONTROL TO THE COPIO C | 196. CONDI | TION FOR WHICH O | OPERATION 1 | WASPERFO | RMED | 200 AUTOPSY? | Ob. IF YES, V | VERE FINDING CAUSES | NGS USED OF DEATH? |
| _ | 210. ACCIDENT WAS UNDERLYIN | 1 21b, TIME O | tured in | 4114 | 21. 110.11/11 | 111011 0 6 6 1100 | YES D NO | YES [| | NO P |
| 5 | | | M. MONTH DA | Y YEAR | ZICHOW IN | JURY OCCURR | ED (ENTER NATURE OF INJURY I | NITEM 18 PART | I OR PART 2} | |
| 6 | OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d INJURY OCCURRED | AMINER) P./ | | 19 | If LOCATIO | N | | _ | | |
| ۱ | WHILE NOT WHILE E | | EET, FACTORY OFFICE, FA | | STREET | | CITY OR TOWN | | COUNTY | STATE |
| | 220 I certify that (I) this | | 24. | | 8> | , 19 | _, to 7/3/ | , 19. | | that (I) (we) last |
| - | saw the deceased all Arbave, (1) (we) did (c | ve on | after death. | | , | (ou) apinian d | eath accurred an the date | and hour a | nd fram the | causes stated |
| | Jamuel | (Kli | ne - | -MI | | TTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | NO | 7/3 | SIGNED 85 |
| 1 | 2d PHYSICIAN'S NAME | (TYPE OR PRINT) | (he | 12 | ADDRESS | 1 601 | W WAS IN | 5+ | | HALL |
| | 230. BURIAL CREMATION, REMO | OVAL 236 DATE | 172. N | AME OF CEN | AETERY OF C | PEMATORY | 123d LOCATION | ,) | | |
| | (SPECIFY) **** Buria | | | Oliv | | NEWATOR! | Baltimore | | OUNTY | Maryland |

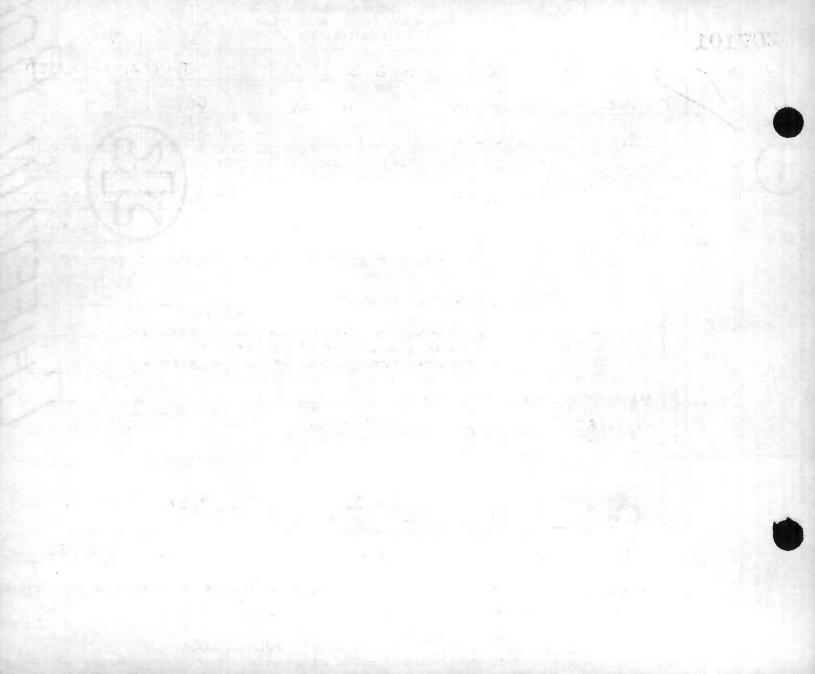
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Walter Dabrowski - 1005 Dundalk Avenue 21224

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STATE OF MARYLAND

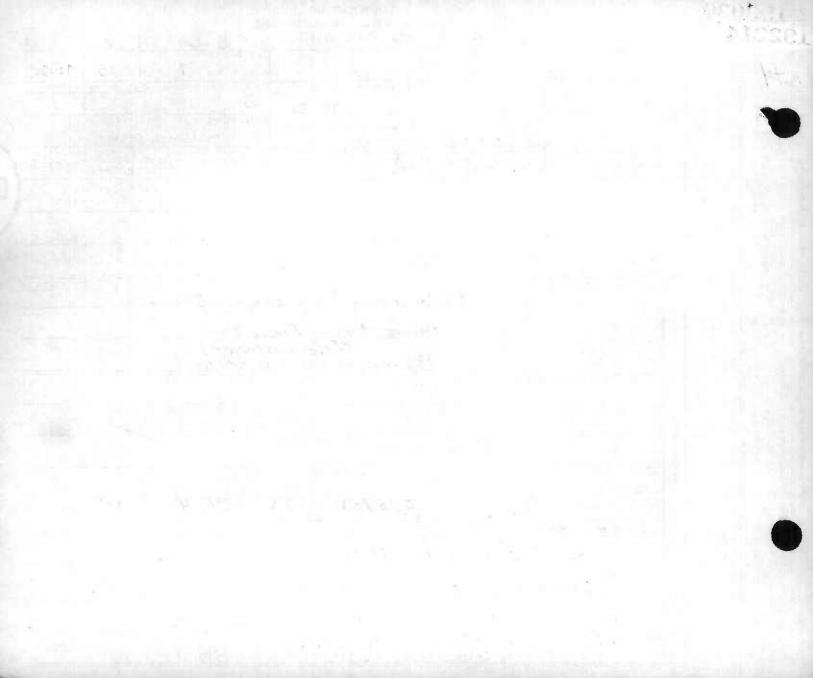


TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B (VRA 15, 4)

| 1 | FOR STATE | | DEPART | MENT OF H | EALTH AND MENTAL HYG | HENE | | | |
|---------------|--|------------------------|--------------------|-------------|----------------------------------|-----------------------|---------------------|-------------------|------------------|
| ' " | REGISTRAR WALTER | ANTHONY R | UDNIK | CERTIF | ICATE OF DEATH | A REG | NO. | 19 | 7 1 |
| | CEASED NAME FIRST | MI | DDLE | · | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| {149E | OR PRINT) WALTER | ΔΤ | MHOMA | RIID | TV | | 7 | 4 85 | 1:05P |
| 3 SEX | | 4. RACE | Mark Mark Mark | 5 DATE C | OF BIRTH | 6. AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| - | Male | White | | MONTH | DAY YEAR 14 22 | 63 | MBC | MONTHS DAYS | HOURS MIN. |
| 7a. BI | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | | ? 8 | | 9 BALTIMORE CIT | YRS. | Y OF DEATH | |
| (| Country) Pennsylvania | U.S. | Α. | WIDOWE | NEVER MARRIED U | Ral | timore | City | |
| | ITY OR TOWN OF DEATH | | | | OR OTHER INSTITUTION | 12a LISHAL OCCUP | ATION | 12h KIND C | OF BUSINESS OR |
| | Baltimore | St. Agn | es Hosp | ital | | Section St | pervis | er Gove | Federal |
| 13a S | AL RESIDENCE (IF NURSING HOME OF STATE BA. | Ltimore | 3c. CITY OR TOV | WN | 13d INSIDE CITY LIMITS? YES NO X | 13e STREET ADDRES | s/zipcode amford | Road 2 | 21207 |
| 14 FA | ATHER'S NAME | WIDDIE | LAST | | 15. MOTHER'S MAIDEN NAM | ME | | LAS | . 7 |
| F | rank A | | Rudn | ik | Mary | M. | | | is |
| 16a V | WAS DECEASED EVER IN U.S. AR | | 66 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADI | DRESS | | |
| | YES NO OR UNKNOWN) (IF YES CO | F WAP OR DATES) | 184-12- | 1399 | Dorothy L. | Rudnik | Same a | s # 13 | |
| | 18 CAUSE OF DEATH (Enter or | nly one couse per li | ne focto), (b), o | nd (CT.) | | | | APPROX. | IMATE INTERVAL |
| | PART I. DEATH WAS CAUSE | ED BY: TE CAUSE (o) | D. 1 | MONA | My Commont | ON AND E | DEMA | | |
| | IMMEDIA | TE CAUSE (6) | 1 0011 | E-E-O-IVA-A | | VIV HIVII G | J 0-11 F | | |
| | TALE REPORT | DUE TO, OR | AS A CONSEGU | | Pour Fa | | | | |
| | Conditions, if any, which gave rise to immediate | (b) | -14 | cute | KENAC FAI | cure | | | |
| | couse (0), stoting the | DUE TO, OR | AS A CONSEQU | JENCE OF | (Scheromy | xedema) | | | |
| | underlying couse lost. | (c) | 1 | ROCKE | ISIDE SYSTEM | nc dclea | 20513 | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | TRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | ONDITION GIV | VEN IN PART 1 | 0 |
| CERTIFICATION | | | | | | | | | |
| CAI | 198 DATE OF OPERATION | 196 CONDITI | ON FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | S, WERE FINDIN | |
| TE | | | | | | YES NO | | ES L | NO [|
| CER | 210. ACCIDENT WAS UNDERLYING | | | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF | NJURY IN ITEM 18 | PART 1 OR PART 2) | |
| AL | OR CONTRIBUTING CAUSE OF DE | ALIT . | | DAY YEAR | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE O | FINJURY | | 211 LOCATION | 95.5 | | | |
| ME | WHILE NOT WHILE AT WORK | (AT HOME, STREE | T, FACTORY, OFFICE | FARM, ETC) | STREET | CITY O | RIOWN | COUNTY | STATE |
| | 22a.l certify that-H) (this hosp | ital) attended the | deceased from | 6/6 | 185 19 83 | to 7/ | 4 | 19 5 | that H-(we) last |
| | sow the deceased alive on | 7/4 | 19 | 81 .01 | nd that in (my) (aur) opinion | death occurred on the | date and hou | | |
| | obove, (I) (we) (did) (did as | view the body of | iter deoth. | , | DEGREE | | | 22c DATE | SIGNED |
| | 1 Sea | 17.1 | Mon G | 27 | MA ATTENDING | MEDICAL S | TAFF | | |
| | 22d. PHYSICIAN'S NAME (TYPE O | OR PRINT) | 10014 | | 27e ADDRESS | J DIRECTOR [] PHT | SICIAN DE | | |
| | BER | TEN | 10RTO | N | St. Agnes H | ospital, B | altimo | re, Md. | |
| | BURIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| C | remation | 7/8/8 | 5 W | estvie | w Crematory | Catons | | 2001471 | Md. |
| 24 L | eroy McTo& Russe | 11 C. Wi | tzke Fu | neral | Homes P A 250 DAT | E REC'D. BY REGISTR | AR 256. REGIST | TRAR'S SIGNAT | URE |
| 1 | 630 Edmondson A | Wonue C | - Longadoke H | 11- 14 | 1 04000 | (Q 400E | o zina Di | andson-R | indelle |



| 190 | 018 | 1- | FOR STATE REGISTRAR | 19712 | | | | | | | | |
|----------------------------|---------------------------------------|---------------|--|--|------------------------------|--------------|-------------------------------|---|--|--|--|--|
| , | 4 4 | | CEASED NAME FIRST OR PRINT) PETER | P. | | WICZ | Sr. | 07 - 03 - 85 | 2b. HOUR 10:30 | | | |
| 4 moy | ther de | 3. SE. | (| 4 RACE | | 5. DATE OF | DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR OF UNDER 24 HRS | | | |
| and d | 2 | | MALE | CAUCASTAN Apri. | | April | 29, 1921 | 9 BALTIMORE CITY OR COUNT | V OC DE ATH | | | |
| henth r | \$ 25 E | M | RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND | U.S.A. | | WIDOWED | | BALTIMORE | CITY MD. | | | |
| 1 | 133 | 1 | ALTIMORE | 11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOS | | | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 12b. KIND OF BUSINESS OR INDUSTRY Art Gallery | | | |
| 1 | V | USU. 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR | OTHER INSTITUTION GIVE | | AGMISSION) | | 13e.STREET ADDRESS / ZIP COD | | | | |
| 1 | | _ | ALEXANDER | MIDDLE | OWICZ | | ANNA | WIDDIE | INOWSKI | | | |
| 7 | edical / | | YES, NO OR UNKNOWN) (IF YES GI | CEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS RUNKNOWN) (IF YES GIVE WAR OR DATES) | | | | | | | | |
| ote be | pers. H | | 18 CAUSE OF DEATH (Enter of | nly ane cause per line | | | rrances Kukov | vicz, 2008 Bank S | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| ertifica | event | | PART 1. DE ATH WAS CAUSE IMMEDIA | TE CAUSE (a) C | ardiopu | Umana | prest | | mentes | | | |
| deoth c | ove carb | NO | Canditions, if any, which | DUE TO, OR AS | A CONSEQUE | | the | | norths. | | | |
| that the | al, cremai | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS | A CONSEQUE | NCE OF | isronom | orten disen | 7000 | | | |
| equires | Then plants to burning, a | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | |
| ne low r | permit. | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITIO | N FOR WHICH | OPERATION | WAS PERFORMED | IN CERT | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO | | | |
| Physicic | ol-tronsiti tol Hygie em 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. | JURY MONTH DA | YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | | | |
| 3 PHYSII | the burnered and Mer | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF I | NJURY FACTORY, OFFICE, FA | | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | |
| TENDING tol or o | t Health | | 220.1 certify that (this hasp | J1/4 | 19 | June PS- and | that in (My) (aur) opinion of | to J4 3 death occurred an the date and ha | , 19 , that \((we) last | | | |
| the hosp | toched for Dept o | | above, (Ne) (did) (did ho | I view the bady after | r death | | EGREE ATTENDING | MEDICAL STAFF | 22c. DATE SIGNED | | | |
| O HOSPITAL etained by t | should be delivery that the State | | 224. PHYSICIAN'S NAME (TYPE O | - 1 | In. 1 | | PHYSICIAN [220 ADDRESS | DIRECTOR PHYSICIAN | 5 3/12= | | | |
| To H | Show Show | | BURIAL, CREMATION, REMOVAL | 23b DATE | | NAME OF CE | METERY OR CREMATORY | 23d LOCATION | ma 4200 | | | |
| BP_ | | | (SPECIFY) Burial | 7-6-198 | 35 08 | ak Law | m Cemetery | Baltimore, Ma | ryland | | | |

Oak Lawn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

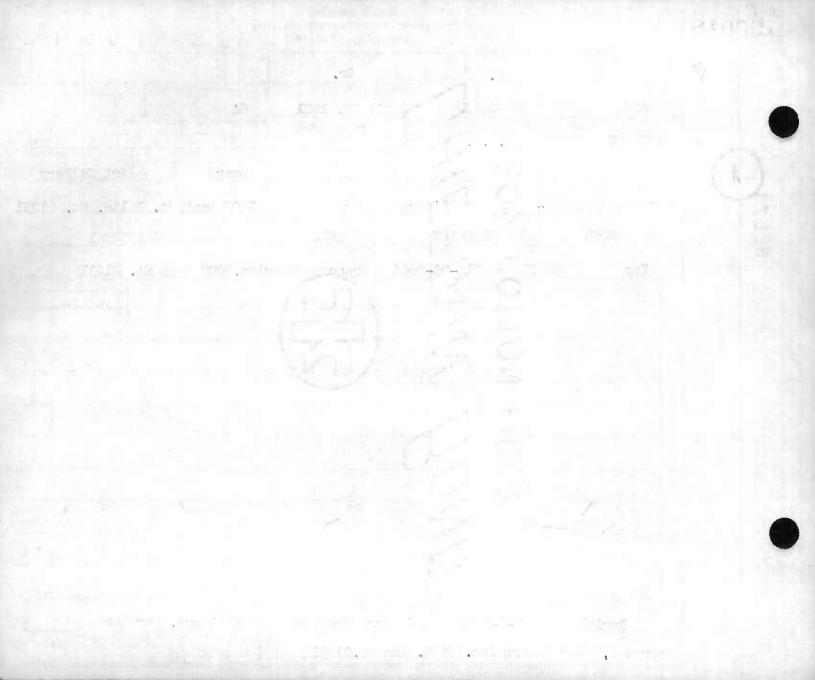
George A. Weber & Sons Inc. 705 S. Ann St. 21231

7-6-1985

Burial

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR SSIGNATURE



DHMH - 16 50M 4/83

(VRA 15. 4)

- STATE

REGISTRAR

BALTIMORE CITY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Carpenter 130 STREET ADDRESS / ZIP CODE 1009 St. Dunstans Rd. 21212 MIDDLE Weiners ADDRESS Anna C. Rust. Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) CITY OR TOWN COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 12c DATE FIGNED DIRECTOR PHYSICIAN UNION MEMORIAL HOSPITAL 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Burial 7-24-85 Moreland Balto. Md 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

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| YTED SAMETONE | | .4.8.1 | .10 |
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| 1000 St. Denstens Dd. 0101 | | ··* Let | . 61 |
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Leonard J. Book, Inc., 5505 theford Inc.

STATE OF MARYLAND

| - STATE REGISTRAR | DEPARTA | CERTIFICATE OF D | | 8 RESNO | 5 | 9 1 | 1 1 4 |
|--|--|---------------------|------------------|---|---------------------------------------|-----------------------|-----------------------------------|
| 1 DECEASED NAME FIRST (TYPE OR PRINT) HEN | RIETTA D | SACHS | | | 7 21 | 85 | 4:42PM |
| 3. SEX Female | A RACE White | Sept. 2. | 1900 | 6. AGE (IN YEARS LAST BIRTH | DAY) IF U | INDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| Baltimore, Md. | | | VORCED | BALTIMORE CITY OR BALTIMORE | CITY | | MD. |
| BALTIMORE | THE JOHNS HOPK | ADDRESS) | | 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife | WORKING LIFE) | | maker |
| USUAL RESIDENCE (IF NURSING HOME CO | | IES [| | STREET ADDRESS / | ZIP CODE | enue] | 2124. |
| 14 FATHER'S NAME FIRST William | MIDDLE LAST | n Sad | | MIDDLE | | Seal | |
| 160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES G | | 4964 Mrs. | Delore | timore ADDRES es A. Sha | ffer- | | East Au |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | anly one cause per line far tal, (b), and ED BY: ATE CAUSE (a) CARDIO PU | ILMONARY | AKRE | ST | | APPROXIM BETWEEN O | MATE INTERVAL DINSET AND DEATH |
| Conditions, if any, which | DIFFUSE | METABOLI | | TURBANCE | 5 | 10 | lay |
| cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE | RENAL | FAILU | IRE | | 2 | day |
| PART 2 OTHER SIGNIFICANT DIABETES | MELLITUS, MY | PERTENSION | TO THE TERMIN | SEPSIS | | | |
| PIABETES 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [| 196 CONDITION FOR WHICH | OPERATION WAS PERFO | RMED | 200 AUTOPSY? | 206. IF YES, W IN CERTIFYIN YES | G CAUSES | |
| 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED | HOUR A.M. MONTH DA | AY YEAR 19 | JURY OCCURRE | D (ENTER NATURE OF INJURY | IN ITEM 18 PART | OR PART 2) | |
| 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F | | N G C | CITY OF TOW | N) / | COUNTY | STATE |
| saw the decemed alive a | bital attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 | ond that in (my) | (aur) apinion de | eath occurred on the dat | e and hour ar | | |
| 221 AGNATURE | | DEGREE | TTENDING | MEDICAL STAFF | | 224 DATE 5 | SIGNED |

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Hea MPORTANT: # H 230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

7/24/85

22e ADDRE

Cem.—Baltimore, Md.

Burial 7/24/85 Baltimore National Cem.—Bullinote, 120.

24 FUNERAL DIRECTOR John A. Noran, Inc. Funeral Home Date Recid. By REGISTRAR 25 REGISTRAR'S SIGNATURE

3000 AME Baltimore St.: Balto., Nd. 21224. JUL 23 1985

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| الما | 2091 | 1- | STATE REGISTRAR | | | | | EXAMIN | | | | | | REG. NO | 9 | 11 | Arg |
| | x | | CEASED NAM | FIRST | 1840 | | MIDDLE | | | LAST | | | DATE KNO | OWN W | ONTH DA | Y YEAR | 26, HOUF |
| | ASSESSED 10 | / | CORPRINT | | RLEY | | | | SAY | /AGE | | | DEATH MA | | 7 13 | | |
| | NEGESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET, | FE | MALE | A. RACE BLACK | | N 20, | 1928 | AGE (IN YE | AY) MONTH | DER 1 YR. | IF UNDER | | RONOUNCE DEAD | | 7 14 | | 3.56 |
| | MERAL OR YOUR MITHIN | | RTHPLACE (S' | RE, MD | | U.S.A | | ITRY? | | | VER MARRI | ED 📙 | BALTIMOR | | | DEATH | |
| | E FUNER E FUNER ED, WITH | | TY OR TOWN | | | AME OF HOSI | | RSING HOM | WIDOW E, OR OTH | | DIVORCI | | Balt1 | More C | VORK 12b. | KIND OF B | |
| | PAGE FILE | - | altimor | | 3 | 812 Rol | keby | Rd. | | | | 'Ĥ'Ĉ | USEWY | FE | | HÖME | JRY |
| 21201 | F ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 HOULD BE FILED, RECORDS, 201 W | 13a. S | TARY LA | ND 13b. CO | | INSTITUTION, GIV | | OR I MOF | | YES (| NO 🗆 | 1338F | 2 Rok | eby R | load | 212 | 29 |
| ZE. MD. | COCESTA 2 | 14. F/ | JRÖHN | THOMP | SON | E | | LAST | | 5 | ER'S MAIDE | NAME | MIDDL | 7 | НОМЕ | ้รู่ผู้ท | |
| perme | ATER THE FORM | Ióa V (Y | VAS DECEASEI ES, NO. OR UNKNO NO | DEVER IN U.S. | ARMED FO | DRCES? | | - 24 - 4 | | MR. | | ON S | AVAGE | 3812 | ROK | EBY | ROAD |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. | BE EXECUTED WITHIN 24 HOLISHDING" IN PENCIL IN ITEM 18 MEDING. EXAMINER ALONG AS A BURIAL TRANSIT PERMITH AND MENTAL HYGIENE CREMATION, OR REMOVAL. | z | Condition gove ris cause (a) lying cau | ns, if any, wh se to immedi stating the <u>und</u> | DIATE CAU | DUE TO, OR (b) DUE TO, OR | Alco AS A CON | Pholist USEQUENCE | OF OF | DR CONDITIO | IN GIVEN IN PAI | RT 1 (a). | | | 61 | IMELOU | SET AND DEATH |
| ITAL REC | SED SED | CERTIFICATION | 19a. DATE OF | OPERATION | TUS E | 196. CONDIT | ION FOR | WHICH OPE | RATION W | AS PERFOR | RMED? | | | | 20 | AUTOPS | |
| ONOFV | SCOULT DO | ALCERT | UNDERLYING | CAUSE WAS | | 21b. TIME OF HOUR A.M. P.M. | | DAY YEA | R 21c HC | OW INJURY | OCCURRE | D LENTER N | ATURE OF INJURY | IN ITEM 18 PART | OR PART 2) | 120 | |
| DIVISIO | S R R W E S | MEDICAL | 21d. INJURY C | NOT WHILE AT WORK | | 21e PLACE C STREET, FACTO | | | | TREET | | | CITY OR TOWN | | COUNTY | Ve : | STATE |
| • | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWARD FOR THE FORWARD FOR PAGE OF THE WITH THE STAND BALTIMORE, MARYLAND, 212 | 23a.B | death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII | NAME AT | nn M. | Dixon | , M.D | , si | METERY O | Hamilitte (S | istant 111 E | Undete MEDII Penn | Inquiry rmined manne CALEXAMINE St., B. | alto., | MD | 7 - 14- 2120: | |
| 07/84 25M | BP | 24 F | BÜRTA UNERAL DIRECT L'O'Y O. | | | 8/85 Son ^{DOR} 44 | | RRISC | | | 250 DATE F | | NGS M | IILLS, | | | |
| | (VR A15 ME (5)) | | | 1 | | | | | | | - III . | 1 0 13 | 00 | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Harry W. Haight Syke

SUKESVILLE MD

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STATE OF MARYLAND Film G607 item 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 210163 - STATE 9/5/85 rja CERTIFICATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) Edna M. Savlor 7-23-85 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE LINDED 3 LMBS 3 SEX MOG-6-1906 Female White BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery Co. IISA Baltimore City WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Balto. City 5633 Retired Carter Ave. Waitress WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE MD Balto. City 5633 Carter Ave. 21214 YES X NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Eliza John A. Gates Thompson ADDRanch Mobile Park 16h SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 215-01-6177A Minnie L. Jones, 100 Dove Road Clearwater / Fla / 33546 18. CAUSE OF DEATH (Enter only one cause per lypy for (a), (y), and (c).)
PART I. DEATH WAS CAUSED BY: aeneralizee IMMEDIATE CAUSE IQ. Canditians, if any, which gave rise to immediate cause tal, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h, IF YES, WERE FIND BUSS USED 14L CONDITION FOR WHICH OPERATION WAS PERFORMED 76s AUTOPSYT HW DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F 71s. ACCIDENT WAS UNDERLINED 21b TIME OF INJURY TIL HOW INJURY OCCU TENDER NATURE OF HOUSE INVIDENCE FART TO PART TO HOUR A.M. WONTH DAY YEAR DECONTRIBUTING ALISE OF DEATH OF EDINER MODERN MEDICAL EXAMINERS THE INSURY OCCURRED TH LOCATION 21e. PLACE OF INJURY (AT MOME, STREET, FACILISM, OFFICE, FARM, ETC.) 22s.1 certify that (1) (this hospital) bittended th and that in (my) (but) apinion death occurred on the date and hour and from the course stated 72b. SIGNATE DEGREE 22c DATE SIGNED DIRECTOR | PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE Burial 7-26-85 Parkwood Cemetery Balto. Balto MD 24 John Miller, Inc., 6415 Belair Rd 21206 DHMH - 16 50M 4/83 Fichia Devidson-Rando De (VRA 15, 4)

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| 214119 | 1. | FOR STATE | | DEPART | | EALTH AND MENTAL HY | GIENE | 6 | | 2 8 15 |
| MITILO | | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 RECON | | 9 | / 1 0 |
| | | CEASED NAME | | MIDDLE | 1 | AST | 2a. DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| a 75 | (TYPE | OR PRINT) | RRY | ₹ | SCHA | EFER | | 7/2 | 19/85 | 10 AM |
| you and | 3. SE | | 4. RACE | • | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | - 1 | IF UNDER I YEAR | IF UNDER 24 HRS |
| 1.8. | US | Male | Whit | | MONTH | . 3, 1899 | 86 | M | ONTHS DAYS | HOURS MIN. |
| ours ours | 7. RI | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY | | . 0, 1099 | 9 BALTIMORE CITY O | INO | OF DE ATH | |
| 72 h | | OUNTRY) | | | MARRIE | D NEVER MARRIED | | | | |
| dea dea | 10.0 | Maryland | | SA . | WIDOWE | | Baltimo | | | MD. |
| ter ter | 10. C | TY OR TOWN OF DEATH | | HOSPITAL, NURS H FACILITY, GIVE STREE | | DR OTHER INSTITUTION | 12a USUAL OCCUPATI | | | OF BUSINESS OR |
| 2 4 50 | | Baltimore | | Samari | | ospital | Public Re | lations | E E | XXON |
| hau hau | 5U, 3a. S | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFO | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 719 CODE | | - 17 19 17 |
| 24 | | MD C | | | more | YES X NO | 4401 Rola | nd Av | e 2 | 1210 |
| ig / Ex | 14 FA | THER'S NAME | | | | 15. MOTHER'S MAIDEN NA | ME | | | |
| 3 FT 10 | | John H. | MIDDLE | chaefer | | Lettie | WIDDIE | 7 | Faylor | śī |
| eto Co | | VAS DECEASED EVER IN U.S. AR | | 166 SOCIAL SEC | URITY NO. | 17. INFORMANT | ADDRE | | | |
| exe | (| (IF YES, GIV | VE WAR OR DATES) | | | Mrs. Marga | anot U Sa | haafar | | Samo |
| idn irs. P | | | | | | Ivirs. Mary | aret n. 30 | naerer | | Same |
| reate pape aval | Ti. | 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE | nly ane cause per D BY. | line far (a), (b), a | ind re | | -6 | | | ONSET AND DEATH |
| g pl g pl rem rem | | | TE CAUSE (0) | arziopu | rimino | ry arrest | 2° to septi | c Sha | 4 5 | min |
| th condinates of the condinate | | | DUE TO, O | R AS A CONSEQU | UENCE OF | 0 | | | | |
| dea orte ave rtion | | Canditions, if any, which | (dı) | acute | rena | failire | | | 10 |) hrs |
| the remo | | gave rise to immediate cause (a), stating the | DUE TO O | R AS A CONSEO | UENCE OF | | | | | |
| by the asserter of the crements of the crement | | underlying cause last. | | 7 flubi | | ori dustres | s syndrom | e | 6 | das |
| ires th gned k n plea burial, | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | | AINAL DISEASE OR CON | | N IN PART 1 | 10 |
| The rain | CERTIFICATION | All and the second | | | | | | | | |
| beer mit. | ATI | 19a DATE OF OPERATION | 19b COND | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, | WERE FINDI | NGS USED |
| ws ogs | IFI | | | | | | YES X NO | IN CERTIFY YES | | OF DEATH? |
| N: The hystoria to reast property Hygier Hygier | ERT | 210. ACCIDENT WAS UNDERLYING | 7 216. TIME O | F INJURY | - | 21c. HOW INJURY OCCUR | | | | 140 |
| CIAN: The physicic prificate all-transit and Hygician 18 she | | OR CONTRIBUTING CAUSE OF DE | HOUR A. | M. MONTH | DAY YEAR | | (2.110.11.11.11.11.11.11.11.11.11.11.11.11 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
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| PH) tend this he b | MEC | | 21e PLACE | EET, FACTORY, OFFICE | FARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| NG there as the arke | | AT WORK AT WORK | | | | 1/ | 1 | | - | |
| NDI USE USE Teof | | 220 I certify that (1) (this hospi | | 0 / 07 / 7 | - | 19 83 | | 1 | <u> </u> | that (1) we last |
| spirts for for 121 | F3. | sow the decrased alive on obove, (1) (vel (1)d) (did no | ot) view the bady | after death | <u>au</u> , ar | d that in (my) (aur) apinian | death occurred on the de | ite and hour | and fram the | causes stated |
| OR A OR A DIRE Sched Dept | | 22b. SIGNATURE | 11 | | 0 | DEGREE | | | 22c. DATE | SIGNED |
| 1 + 1 + 0 - | | SAOINI G. | 78201 | 86 1 | 1-8/- | ATTENDING PHYSICIAN [| MEDICAL STAI | | 7/ | 29/45 |
| HOSPITAL ned by th FUNERAL side be determined for the Stote | | 224 PHYSICIAN'S NAME (TYPES | RPRINT) | , | | 22e ADDRESS | _ January Control | - | 111 | 2110 |
| TO HOSPITAL efained by 1 TO FUNERAL should be det with the State MPORTANT: | 2.0 | TPE18 6 | . C/K | An n | 0. | Good Sama | nitan Hoen | ital ! | Palto | NAD |
| To or shoot | 22- 5 | URIAL, CREMATION, REMOVAL | 23b. DATE | 131111 | NIAME OF C | Good Sama | 1236 LOCATION | icai, | Dailo. | , MD |
| 20 | 230 6 | Burial, Cremation, REMOVAL Specify) Burial | | | | Cathedral | Balto., | | COUNTY | MD STATE |
| BP | | | | | | | | | | |
| DHMH - 16 60M 7/84 | 24 FL | INERAL DIRECTOR Henry | W. Jei | nkins & | Sons | Co. 250. DA | TE REC'D. BY REGISTRAR | 75b, REGISTA | ARS SIGNA | fande Be |
| (VRA 15, 4) | 1 | 905 York Road | H Rall | TO MAT |) 21 | 212 | 1 0 T 1200 | 1 | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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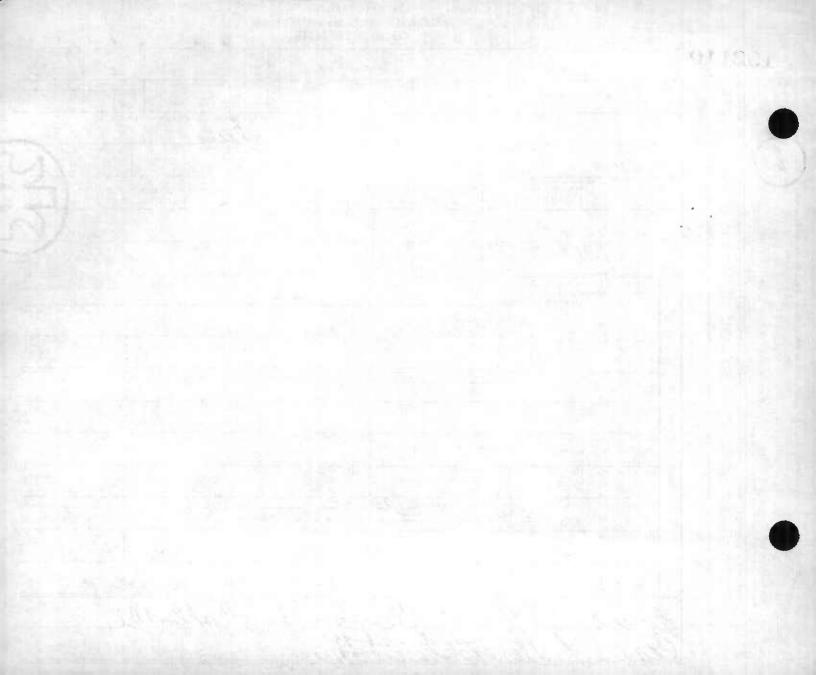
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

the death certificate

ATTENDING PHYSICIAN The low attending physician

TO HOSPITAL OR ATTENDING etoined by the hospital or

BP.

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uniting director page 3

1 - STATE

STATE OF MARYLAND

| EP | ARTMENT | OF HEA | LTH AND | MENTAL | HYGIENE |
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| | CE | RTIFIC | ATE OF | DEATH | |

| 1 | | REGISTRAR | | CERTIF | ICATE OF DEATH | 8 RESIN | 10 | 9 / | 60 |
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| | | ORPRINT) Allen | MIDDLE C | (Scha | SCHAFFER | 26 DATE OF DEATH | MONTH DAY | YEAR 85 | 2:00 P |
| | 3. SE) | Male | 1. RACE Black | 5 DATE C | | 6. AGE (IN YEARS LAST BIT | YRS | INDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| 7 | - 45 | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | MARRIE | | 9 BALTIMORE CITY O | | DEATH | |
| | A COLUMN TWO IS NOT THE PARTY OF THE PARTY O | aryland | 11. NAME OF HOSPITAL, N | WIDOWE | | 12a USUAL OCCUPAT | mola | -11 | MD. |
| | 1 | Beltime | CANILLY GM | E STREET ADDRESS) | 1 +2/ | (TYPE OF WORK FOR MOST (| | INDUSTRY | F BUSINESS OR |
| 1 | Jaux Jac S | TATE 136 COUN | | RIDWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | 21216 |
| | I4. FA | THER'S NAME | SCHAF | (//nrp | YESXIX NO | 3702 Win | idsor M | [i11] | Road |
| d |) | | SCHAP | STA | FIRST | MIDDLE | | LAST | |
| 4 | 16a W | AS DECEASED EVER IN U.S. AR | Country | 1 | Claudine | ADDR | FSS | Sher | rod |
| 1 | | | VE WAR OR DATEST 216- | -34-8846 | William Sc | | | alti | more St |
| | 12 | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ily one couse per line for a), | (b), and (c) | | | | | MATE INTERVAL INSET AND DEATH |
| ı | | IMMEDIA1 | TE CAUSE (0) | Pas | | | | | |
| | 1000 | Conditions, if any, which gove rise to immediate cause (a), stating the | DUE TO, OR AS A CON | ophagea | 1 Cancer | | | | |
| ı | | underlying couse lost. | (6) | SEODETTEE OF | | | | | |
| 1 | ~ | PART 2 OTHER SIGNIFICANT (| ONDITIONS CONTRIBUTION | IG TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR COM | DITION GIVEN | IN PART 1:0 | |
| | TIO | | | | | | | | N |
| | CERTIFICATION | 19a DATE OF OPERATION | 196, CONDITION FOR V | WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WIN CERTIFYING | G CAUSES | |
| | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I | ORPART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. | 19 | 211 LOCATION | | | | |
| | ME | WHILE NOT WHILE | (AT HOME STREET FACTORY (| OFFICE FARM ETC) | STREET | CITY OR TO | NWN | COUNTY | STATE |
| | | 22a.l certify that (I) (this haspi sow the deceased alive an | 7/7/ | - | 7/2 19 85 | 1. to 7/ | 19_ | | hot (I: (we) lost |
| | | above, (It (we) (did) (did no | ti view the body ofter death. | | d that in (my) (our) opinion | death accurred on the d | ote and hour on | - | |
| | | 226 SIGNATURAL P | horocil | m | DEGREE ATTENDING PHYSICIAN [| MEDICAL STA | | 7/2 | Lo/g - |
| | | 174 PHYSICIANS NAME THE S | Threnreich | MO | 220 ADDRESS | = it 11=0 | 67 | Man | land |
| | 23a B | URIAL, CREMATION, REMOVAL | | 23¢ NAME OF CE | METERY OR CREMATORY | 23 LOCATION | 11/// | 100 | 1979 |
| | I | BURIAL | 7/25/85 | Mount 2 | Zion Cemete | rv Lasndo | | DUNTY U | STATE M A |
| | 24 FU | INERAL DIRECTOR | | | | TE REC'D. BY REGISTRAR | 256. REGISTRAR | 2 - | IRE |
| | Wn | n C March F/H | | E Nortl | Avenue III | 1 2 6 1985 | Frohia Davis | dson-R | ndell |
| | | | | | | | | | |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physically should be detached for use as the burial-transit permit. Then please remove carban papers. A with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

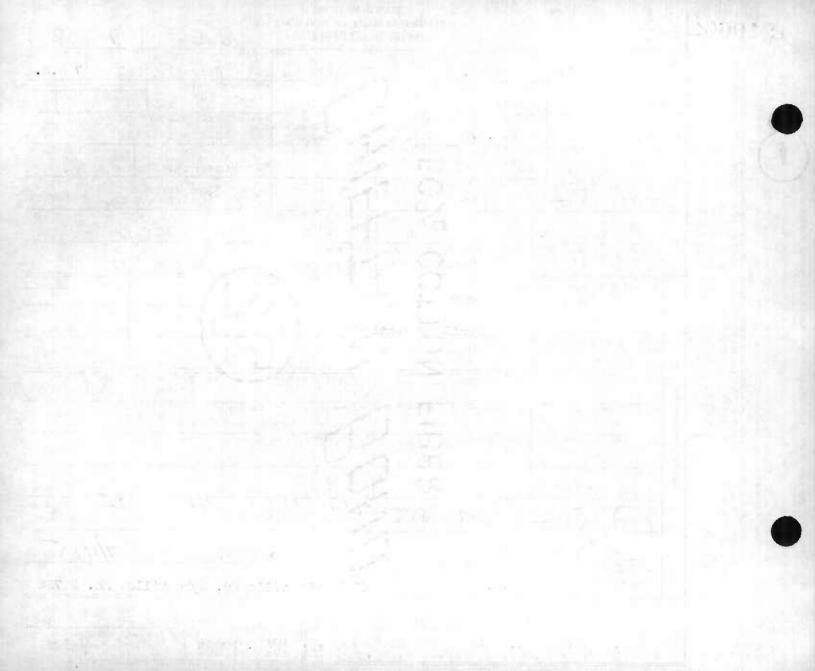
njury, or ather traumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shaws any

(VRA 15, 4)

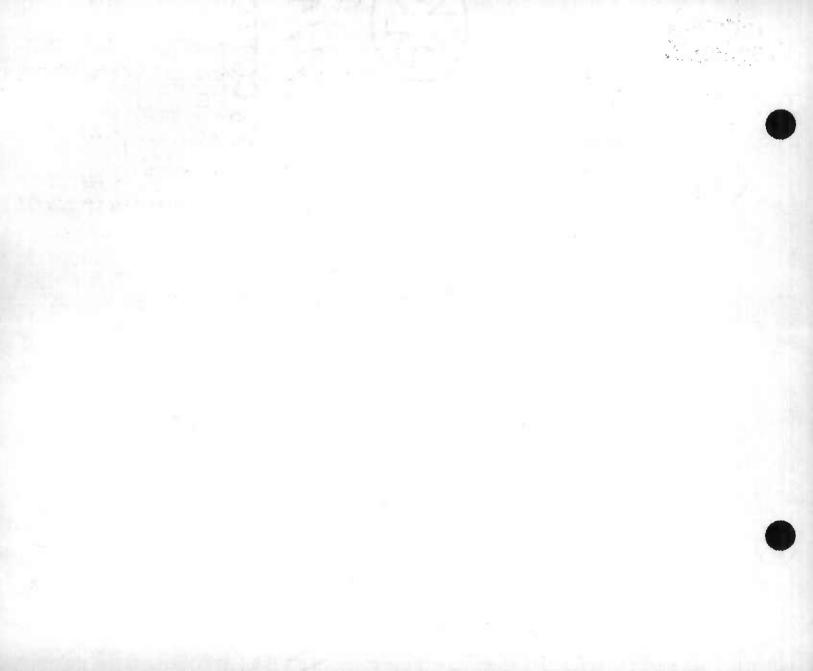
STATE OF MARYLAND

| 1910 | 969 | 4 | -1 - | FOR STATE REGISTRAR | | | DEPA | RTMENT OF H | E OF MARYL EALTH AND ICATE OF I | MENTAL HYG | | 8 RESID | 0. | 19 | 7 2 |
|--|--|-----|---------------|--|-----------------------------------|-----------------|---|------------------|---------------------------------------|--------------------|-------------|-----------------------|-----------------|----------------------------|---------------------------------------|
| | | 1 | | EASED NAME | FIRST | | MIDDLE | | AST | 15 94 | | | MONTH | DAY YEAR | 26 HOUR |
| 2 5 | 100 | | (TYPE | OR PRINT) | OLIVE | | Μ. | | SCHEIR | ER | | July | 1, | 1985 | 7 A.M. |
| May Bo | 1 | 1 | 3. SEX | | | RACE | | 5. DATE O | | | 6 AGE (IN | YEARS LAST BIR | | IF UNDER 1 YEA | |
| 4 50 | the same | - 1 | Fe | male | 100 | White | | Dec | . 17, 1 | .896 ^{AR} | 88 | | YRS | MONTHS | 5 HOURS MIN. |
| | 10 17 hou | 5 | 0 | THPLACE (STATE OF FOUNTRY) | | U.S. | WHAT COUNTE | MARRIE | D NEVER | MARRIED | | ORECITY O Baltin | _ | TY OF DEATH | M |
| 1 1 | (led -th) | 0 | | Y OR TOWN OF DEA | тн | | HOSPITAL, NUR HEACHLITY, GIVE STE 1dd1sot | SING HOME | OR OTHER INS | | 120 USUAL | OCCUPATION REFORMOSTO | ON F WORKING | 12b. KIND | of Business or State |
| n 24 hou | hould be | B | Ma Ma | ryland | 13b COUN | | Baltin | OWN | 13d. INSIDE C | NO 🗌 | | ADDRESS / Biddi | ZIP CO | DE Avenue | 21206 |
| and with | and 2.s | 0 | | THER'S NAME FIRST Edgar | E. | | | uch | | S MAIDEN NA | ME | WIDDLE | | Wal | mer |
| Open of pur | 140 | 1 | | 'AS DECEASED EVER | | WAR OR DATES) | 16h SOCIAL SE | | 17 INFORMA | | 6300 | ADDRE | | | |
| 4 6 | 1. Po | | _ | No | | | 204-01 | | Ethel | Bomga | dner | Sam | ne as | # 13 | DXIMATE INTERVAL N ONSET AND DEATH |
| se that the death certific | please remase carbonal and cremation, or remo, ar other traumatic even | | | PART 2 OTHER SIGN | which nediate g the last | DUE TO, O | R AS A CONSEC Senile R AS A CONSEC | OUENCE OF Dement | | TO THE TENA | DIAL DISEA | SE OB CONI | DITION | NATA IN CART | |
| The region | omit. Theo price to be only injury | 9 | CERTIFICATION | 190 DATE OF OPERAL | | | ITION FOR WHI | TATE | | A. A. | 200 AUT | | 20b. IF Y | YES, WERE FINE | DINGS USED |
| The part of the | how how | 1 | E I | | | | | | | | YES 🗌 | NO | | YES | NO 🗆 |
| PerSician, inding physi- | d Mental Hy for Ben 18 s | 7 | CAL | 210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE | AUSE OF DEAT | P., | M. MONTH M. | 19 | 211 LOCATION IN | ОИ | RED (ENTERN | CITY OR TO | | 8 PART 1 OR PART 2 | STATE |
| TENDING office office of the TOB, After | or use on the of Health or 21 is market | | - | 20 Learning that (I) | (Jus hospite | al) attended th | e deceased fro | m _C | 6/2/ nd that in (my) | , 19 85 | , ta | red on the do | ate and h | , 19 85 aur ond from th | _, that (I) (we) lost |
| HOSPITAL OR AT med by the hose FUNERAL DIREC | ## F- | 1 | | 22d PHYSICIAN'S NA Nestor Ca | ME (TYPE OR | prinit; | | J | 22e ADDRES | | | R PHYSIC | IAN [| 7/1 | SESIGNED 21784 |
| 0 f 0 | | - | 73a P | URIAL, CREMATION, | | 123b DATE | | 31 NAME OF C | | | 11e R | | COAT | TIE, MO | 21784 |
| BP | | | 1 | Cremati | on | 7/2/85 | 5 1 | lestvie | w Crema | atorv | CIT | atons | | | STATE |
| | 6 60M 7/B | 1 | Le 16 | royme M. & F | Russel son Av | 1 C. Wi | tzke Fu atonsvi | neral H | Homes P | 228 JU | LO2 | 1985 | 25 PREG | | - Randall |



STATE OF MARYLAND 210164 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 23 ROBERT SCHMOT 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH YEAR CAUCASIAN MILE 10 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Marylan BALTIMORE WIDOWED DIVORCED [] IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Railroad BAUTIMORE Foreman 130. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE MO BROOKLYN AVE MALTIMANE 3718 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST. MIDDLE WILLIAM SCHMOI BAKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Elizabeth Schmidt 705-10-6500 UNK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ARREST (Arank IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE QE METABOLL Conditions, if ony, which gove rise to immediate couse 101, stoting the HODRIC PULMONDER ONSERSE underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO IT YES 210. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 22e I certify that (1) (this hospital) attended the deceased from_ 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN should be der with the State IMPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS HANOVEO E. Collier MO 23e. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY Burial 7-26-85 Timonium Dulaney Valley 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 McCully Funeral Home 237 Patapsco Ave. & Six Candren - Randage (VRA 15, 4) Balto. Md

- THE S. L. THE MALLEN TO A P. A. P.



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| 218098 | 1. | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE | 972 |
|--|---------|---|---|---|--|---|
| | | CEASED NAME FIRST OR PRINT) REBE | cc4 Naomi | SCHRADER | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOU 9 |
| ge 4 moy | 3 SE | | 4. RACE . | 5. DATE OF BIRTH MONTH DAY YEAR 1 28 37 | 6. AGE (IN YEARS LAST BIRTHDAY) HS | IF UNDER LYEAR IF UNDER |
| nerol d in 72 ho | | RTHPLACE (STATE OR FOREIGN COUNTRY) PENN. | 76 CITIZEN OF WHAT COUNTRY | | BACTIHS RE | Y OF DEATH |
| by the for | 10 C | ACTIHORE | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SOUTH BACTIFLS | NG HOME OR OTHER INSTITUTION T ADDRESS) RE GENERAL HOSP | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LESSEN) Self-employe | |
| 22 lour | | AL RESIDENCE (IF NURSING HOME OR ITATE 13) FOUN | ITY I3c. CITY OR TOV | | 130 STREET ADDRESS / ZIP COD 470/ RITCHIE | |
| 1 2 | 2 | CLYSE Wil | liam 5770 | IS MOTHER'S MAIDEN NA FIRST ELIZABET | H Pearl | HUBER |
| 11-12 | | VAS DECEASED EVER IN U.S. AR yes, no or unknown) { if yes, giv NO | E WAR OR DATES) | OGO CHART | SOUTH BACTI | |
| aphysical and a second | | PART I. DEATH WAS CAUSE | ECAUSE (a) CARDIO | - Pulmunary AL | PREST. | APPROXIMATE INTER BETWEEN ONSET AND |
| that the death ce by the attending one remove corb of centralism in C | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last | DUE TO, OR AS A CONSEQUENCE (b) HE TAS DUE TO, OR AS A CONSEQUENCE (c) | TATIC BREAST | CANCER | |
| equires 1 Then ple 15 buris | NOI | PART 2 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER/ | MINAL DISEASE OR CONDITION GI | IVEN IN PART 11a |
| A Property of the Control of the Con | TIFICAT | 196 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATI ES NO |
| CLAN I | CAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH D | PAY YEAR | RED (ENTERNATURE OF INJURY IN ITEM 18 | PART OR PART 2) |
| School And School Schoo | MEDIN | 21d. INJURY OCCURRED WHILE NOT WHILE | 21e PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY |

DHMH - 16 60M 7/B4 (VRA 15, 4)

23¢ BURIAL, CREMATION, REMOVAL

Sou TH

22e ADDRESS

DEGREE

PALITHORE

23b. DATE Barial 8-3-85

22e.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 213/

23(NAME OF CEMETERY OR CREMATORY Glen Haven

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Gien Burnie County A. Maryland

24 FUNERAL DIRECTOR

McCully Funeral Home 2370 Patapsco AVe

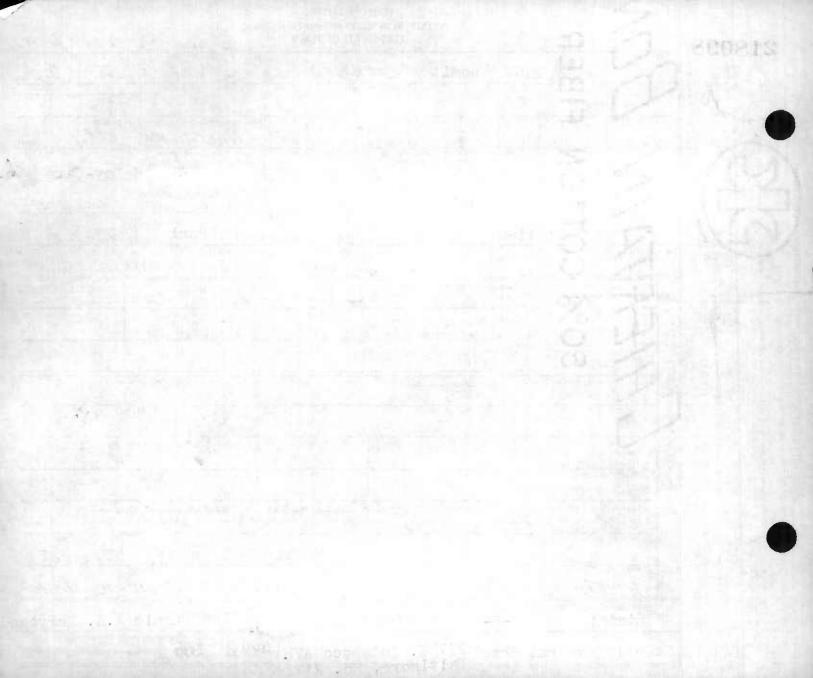
250. DATE REC. D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

mynnicoon-National

22c. DATE SIGNED

that (I) (we) last



| | | | | | | | | | ARYLAN | | | | | | | |
|--|--|------------------|-----------------------------|---------------|---------------------------|-------------------|----------------|--------------|---------------|---------------|------------|---------------|----------------|----------------|---------------|--------------|
| 2470-0 | | FOR STATE | | | 1 | PEPART | MENT OF | HEALTH | ANDM | ENTAL H | IYGIENI | E | | | | |
| 217056 | | REGISTRAR | | | WEL | DICAL | EXAMIN | IER'S | ERTIFIC | CATEC | F DEA | TH | REG. N | 10. Q | 1 3 | Ó |
| | | CEASED NAME | FIRST | Ť | | MIDDLE | - 14 | | IAST | | 97 | a. DATE | | MONTH | DAY YEAR | 16 HOUR |
| Hadre D | (146) | E OK PKINT) | 0.1 | I TON | | - | 00 | A Mill | 111 /0 | CHUMA | MM) | OF DEATH | MATED [| 71 | -85 10 | 17 |
| 32232 | 3 SEX | | 4 RACE | IS DA | TE OF BIRTH | _K. | 6. AGE (IN T | HUMA! | DER 1 YR. | IF UNDER | | c. DATE | | MONTH | DAY YEA | R 2d HOUR |
| NAME OF THE PERSON OF THE PERS | | | * ** ******* | MON | | YEAR | LAST BIRTH | - Month | IS DAYS | HOURS | | PRONOUN | CED | 7-26 | -85 | 7:44F |
| 80000 | MA | | WHITE | | | 1927 | | RS. | | | | DEAD | | | 19 | M |
| NAME OF STREET | /a. Bli | RTHPLACE (ST. | ATE OR | 76. CI | TIZEN OF WH | | TRY? | MARR | ED NE | VER MARRI | ED 🗴 | | | _ | TY OF DEATH | |
| A25.84 | | SCONSIN | | | U.S.A. | | | WIDOW | | DIVORC | | | | e Cit | | MD |
| V SENEW | 10 CI | TY OR TOWN | OF DEATH | 11. N. | AME OF HOSE | PITAL, NUI | RSING HOM | E, OR OTH | ER INSTITU | TION | 12a USU | AL OCCUP | ATION (TY | YPE OF WORK | 126 KIND OF I | BUSINESS |
| 35450 | 2 | Baltimo | re | 10 | 09 Rock | Gle | n(N) A | pt. G | i | | Syst | tem A | nalys | sis | Social | Sec. |
| = 0520007 | ISUA | L RESIDENCE | IF IN NURSING HO | | INSTITUTION, GIV | E RESIDENCE | BEFORE ADMISS | ION) | | | | | | | | |
| A SAMOR | 13a S | aryland | 136 CC | JUNIY | | Ral | or town | | 13d. INSIDE C | NO [| 100 | P ROC | k Gle | enn A | pt. G | 1/224 |
| 9 # 200 | | THER'S NAME | | | | I Lai | CINOLC | - | | ER'S MAIDE | - | | | | F | |
| 3 5-89547 |) | FIRST | 1 | MIDDE | Schuman | 222 | LAST | | F | Anna | | MI | DDLE | | LAST | |
| # 35 5 b | 14 - 14 | VAS DECEASED | Clarence | - | | | IAL SECURI | V 110 | 17 INFOR | | | | *DDBEE | | | |
| \$ 85000 / | | ES, NO, OR UNKNO | | GIVE WAR OR | | | | | | | | 1 | | | lecote | |
| Z REES | | Yes | | | | 395 | 20 586 |)) | Georg | ge McC | Jonna | ugny | Virg | inia | Beach 2 | |
| N N N N N N N N N N N N N N N N N N N | | 18 CAUSE OF | ATH SALAC CAL | LICED BY | | | | | | | 9.75 | | | | BETWEEN ON | ATE INTERVAL |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | PARTIDE | IMMEI | DIATE CAU | SE (o) Art | terio | sclero | tic o | ardic | vascu | lar o | disea | se | | | |
| 0 774550 | | | | (| DUE TO, OR | AS A CON | SEQUENCE | OF | | | | | | | | |
| # E-827-8 | | | s, if any, wh e to immed | | (b). | | | | | | | | | | | |
| W WEEK S | | cause (a) | stoting the und | | DUE TO, OR | AS A CON | SEQUENCE | OF | | | | | | | | |
| N. PALAN | | lying cous | se lost. | - 1 | (a) | | | | | | | | | | 1 | |
| AAL SAL | | PART 2 OTHER SIG | NIFICANT CONDITI | IONS CONTRIBI | ITING TO DEATH I | HIT NOT RELA | TEO TO THE TEO | DATEM LANGE | CONOLLIO | N CIVEN IN DA | 91 1 / | | | | | |
| ENTA POOL | Z | | | | | | ico io inc ica | WINKE OUTERS | OK CONDITIO | N OITEN IN TA | KI I IG | | | | | |
| MECORDS. D. BE EXEC PENDING: MEDICAL D. AS A BUI MEALTH AN | CERTIFICATION | 190 DATE OF | OPERATION | | 196 CONDIT | ION FOR | WHICH OPE | PATION VA | A C DEDECOR | MAED? | | | | | 20 AUTOPS | W.O. |
| | Ş. | The Britis of | 0, 5,0,1,0,1 | | 178 CONDI | OITTOR | WINCII OF E | ATION W | AJIERIOR | | | | | | | |
| DIVISION OF VITAL SCENTIFICATE SHORTING THE WOOD RDED TO THE CHE RES SHOULD BE USE TO EPERATMENT OF OF PRIOR TO BURLA | E | 21a EXTERNA | CALIEFTMAS | | AN THAT OF | | | Tair | | | | | | | YES _ | - XON |
| O SANTERSON | | UNDERLYING | | 5 | 21b. TIME OF HOUR A.M. | MONTH | DAY YEA | R ZIc. He | OW INJURY | OCCURRE | D LENTER N | ATURE OF INJU | JRY IN ITEM 18 | 8 PART 1 OR PA | (RT 2) | |
| A SECTORES | 3 | CONTRIBUTION | G CAUSE | OF DEATH | P.M. | | 19 | | | | | | | | | |
| DIVISION OF VI S. CERTIFICATE SH RRITING THE WO RDED TO THE C 23 SHOULD BE TE DEPARTMENT. | MEDICAL | 214 INJURY O | | | 21e PLACE C | OF INJURY | (AT HOME, | | CATION | | | CITY OR TOW | VA. | | UNTY | STATE |
| DIN THIS C WARDI WARDI MARDI MARDI MARDI MARDI 121201 | 2 | AT WORK | AT WORK | | | and the second of | | | | | | CITTORTON | | CO | 01411 | SIAIE |
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| ME ME ME ME | | death results | yron N | lotural caus | Ses A | Afrident | L. S | picide | | cide | Undete | rmined mo | nner | | | |
| ₹ 2 2 3 3 3 3 3 3 3 3 3 3 | | ACTUAL / | Vo. | | 1111 | to | Sh | MAA. | | SPECIFY) | | | | DATE | 7 07 | 25 |
| ZHREE - | | SIGNATURE_ | 4 | LIM | X/X | mu | ari | VELY | D. ASS | istani | MEDI | CALEXAM | INER | SIGNI | 7-27- | 35 |
| WO S D S D S D S D S D S D S D S D S D S | Marin State of the | EXAMINER'S | NAME | Danni | ~ E C | muth | MD | | 1 | 11 Per | on St. | reet. | | | | |
| TO MEDICAL EXAMENE CERTIFICATION OF A SHOULD B TO FUNERAL DIRE. A SHOULD B AFTER DEATH WITH BALTIMORE, MARY | | (TYPE OR PRIN | (T) | | s F. Si | | | | ADDRESS_ | | | | | | | |
| 22749 | 23a.Bl | URIAL, CREMAT | ION, REMOVA | AL 236. DA | TE | 23c. h | NAME OF CE | METERY O | RCREMATO | YSC | 23d LOC | CATION | | COU | NTY | STATE |
| 07/84 BP | | Buria | | 8-1 | L-85 | Du: | Laney | Valle | | | | moniu | | Balt | | d. |
| 25M DHMH - 17 | 24. Ft | UNERAL DIRECT | TOR | 100 | ADDRESS | | - 100 | 100 | 1011 | 25a. DATE | REC'D. BY | REGISTRA | 25b REG | GISTRAR'S | SIGNATURE | |
| (VR A15 ME (5)) | Bu | irgee-He | enss Fu | ıneral | Home, | Balt | ımore | , MD 2 | TZTT | A | J6 1 | 1985 | 5 50 | ina Davi | doon Hors | F-11-8-5- |

injury, or other troumotic

marked or Hem 18

IMPORTANT.

STATE OF MARYLAND

| 1- | FOR STATE REGISTRAR | | | DEPARTM | | EALTH AND MENTAL HY | 0 5 | 5. NO. | 9 / | 2 | 7 |
|---------------|--|--|---------------------------------|------------------------------------|-------------|----------------------------------|------------------------|---------------------------|---------------------------|--------------------------------|-----------|
| | CEASED NAME | FIRST | M | IDDLE | L | AST | 20 DATE OF DEATH | H MONTH DA | Y YEAR | 26 HOUR | Α. |
| | | DA | | | 5 | SCHUK | JULY 19 | , 1985 | | 5:30 | M |
| 3 SEX | Κ | 4. | RACE | | 5. DATE C | | 6. AGE (IN YEARS LAS | | FUNDER 1 YEAR | IF UNDER 24 H | HRS |
| | FEMALE | | WHI | ΓE | APF | 8. 8, 1900 AR | 85 | YRS. | | | |
| | RTHPLACE (STATE OR | FOREIGN 76 | CITIZEN OF V | VHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUNTY | OF DEATH | | |
| | NEW YORK | | USA | | WIDOWE | | | MORE CIT | ſΥ | | MD. |
| 10 CI | TY OR TOWN OF DE | ATH 11 | | OSPITAL, NURSIN | | OR OTHER INSTITUTION | 126 USUAL OCCUP | | | F BUSINESS | OR |
|) | BALTIMORE | | 6527 El | BERLE DR. | , API | Γ. 202 | HOUSEWI | FE | AT HO |)ME | |
| USU/ 13a S | AL RESIDENCE (IF NUR STATE MARYLAND | 13b. COUNTY | | BALTIMOR | N | 134 INSIDE CITY LIMITS? | 6527 EBE | SS / ZIP CODE RLE DR., | APT. | 202 #: | 21215 |
| 14. F.A | THER'S NAME FIRST | MIC | DDLE | LAST | | 15. MOTHER'S MAIDEN N | | E | LA51 | | |
| | GEORGE | | S | CHLEFSTEI | N | REBECO | | UN | NKNOWN | 70 15 | |
| | VAS DECEASED EVER VES. NO OR UNKNOWN) NO | IN U.S. ARME | | 127-14-(| | 17 INFORMANT IRI | VIN SCHUK AD | 3300 ROI | LLING F | RD. #2 | 1207 |
| | PART I. DEATH V Conditions, if any gove rise to im cause (a), stati | VAS CAUSED (IMMEDIATE (), which mediate ng the | DUE TO, OR | AS A CONSEQUE | NCE OF | A. foris | oleron | (all | g | MATE INTERVAL | |
| NOI | PART 2 OTHER SIG | NIFICANT CO | nditions <u>co</u> | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TER | RMINAL DISEASE OR C | ONDITION GIVE | N IN PART 100 | | |
| CERTIFICATION | 198 DATE OF OPERA | TION | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | YES NO | | WERE FINDIN ING CAUSES | | |
| | 210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED | CAUSE OF DEATH | 216. TIME OF HOUR A.A P.A | A. MONTH DA | Y YEAR | 21c. HOW INJURY OCCU | JRRED (ENTER NATURE OF | INJURY IN ITEM 18 PAR | RT 1 OR PART 2} | | |
| MEDICAL | 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK | HILE 🗍 | 21e PLACE C | OF INJURY ET, FACTORY OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | CITYO | or town | COUNTY | STATE | |
| | 27s.1 certify that (1 saw the-decease obove(AirCwe)) | Mary Control of the Control | 1 | 1 | 1 | nd that in (my four) apinio | n death accurred on th | e date and hour | | that (I) (we) causes stated | |
| 5 | 776 SIGNATURE | red | 2 no | 0 | | DEGREE ATTENDING PHYSICIAN | MEDICAL S | STAFF YSICIAN [| 22c. DATE | SIGNED | |
| | DAVID M | | | | | 10219 S. | DOLFIELD RI | O. OWING | S MILLS | 5, MD | |

PALTIMORE HEBREW

21215

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After should be detached for use as the with the State Dept. of Health or

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO. MD

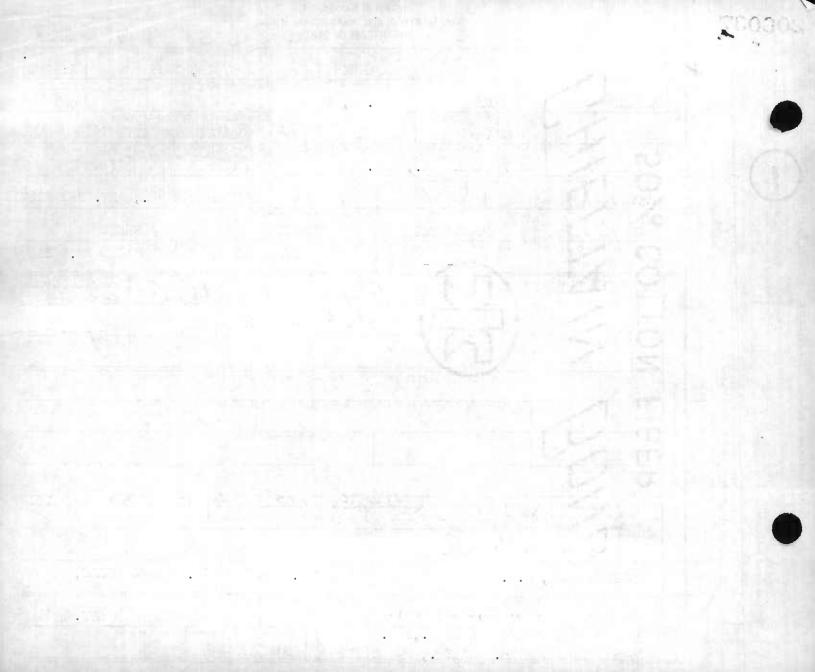
730 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

6010 REISTERSTOWN RD.

JULY 21,1985

23117 234 LOCATION REISTERSTOWN COUNTY BALTO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250 DATE REC'D.

STAMD



| | | | STATE OF MAKTLAND | | | |
|---------|--|---|---|---------------------------------|--|-------------------------------|
| 1 | FOR - STATE | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE | 107 | 9 8 |
| 100 | REGISTRAR | | CERTIFICATE OF DEATH | EG. NO. | 171 | 6 |
| | DECEASED NAME FIRST YPE OR PRINT) | MIDDLE | C C 1/2 1 | 20. DATE OF DEATH | ONTH DAY YEAR | 26. HOUR |
| | IRB | WE | SCHWENKE | | 7 21 85 | 11.171 |
| 3. | SEX TIME | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| | 1 BMACE | CAUCASIAN. | 12 20 24 | 60 | YRS. | mps. |
| 70 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR | | |
| 15 | INSSTITICE INTA | USA | MARRIED NEVER MARRIED WIDOWED DINORCED | BUCTION | rons Cil | -y MI |
| 10 | CITY OR TOWN OF DEATH | | IG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | N 126. KIND O | F BUSINESS OF |
| 13 | BALTIMURE | SOUTH BOT | ADDRESS) | TYPE OF WORK FOR MOST OF V | VORKING LIFE) INDUSTRY_ | |
| | | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR | ADMISSION) | 4 | | 275 |
| 34" | o STATE 136 FOU | TICITY BACK | | 13e STREET ADDRESS / 7 | and the second of the | 660 |
| 14. | FATHER'S NAME | 71617 | 15. MOTHER'S MAIDEN NA | | C 347 | |
| 30 | BENETAMIN | MIDDLE LAST | FIRST LAST | MIDDLE | per 1 C | ini |
| 160 | WAS DECEASED EVER IN U.S. AI | RMED FORCES? 166 SOCIAL SECT | CY WEALT | ADDRES: | | , ,, , |
| 7 | | VE WAR OR DATES) 2.32 44 | | 15 4717 1 | locino Are BA | 4.5 MA 21 |
| = | 7001 | 1-0 | 75// | 00 //10/0 | | MATE INTERVAL |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per line for (a), (b), or ED BY: | | | BETWEEN | ONSET AND DEATH |
| | IMMEDIA | TE CAUSE (0) EXSANGI) | MATION | | | |
| | | DUE TO, OR AS A CONSEQU | | 11 -0 -00 | | |
| | Conditions, if any, which | (16) BLEEDIN | G DUDDENAL L | ILCER | | |
| | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | ENCE OF | | Contract Contract | |
| | underlying couse lost. | (c) | | | | |
| , | | 1.1. 1. | DEATH BUT NOT RELATED TO THE TER | A | - 1 | |
| § | SEVERE (| | | | EASE | |
| | 198 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES | |
| | | | | YES P NO | YES 🕡 | NO 🗌 |
| 1 1 | OR CONTRIBUTION CAUSE OF DE | - 110110 4 11 11011711 6 | 21c. HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PART 2) | |
| 1 3 | (IF EITHER, NOTIFY MEDICAL EXAMINE | Ain . | 19 | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 21f. LOCATION STREET | CITY OR TOW | n COUNTY | STATE |
| 3 | AT WORK NOT WHILE | (Martin C.) | | | | |
| | 22a I certify that (I) (this hasp | nital) attended the deceased from. | 6/3 19 8 | 5, to 7721 | 19 80 | that (1) (Colos |
| | sow the deceased alive of | ot) view the body ofter death. | & I, and that in (my) (our) printer | death occurred on the date | e and hour and from the | couses stated |
| | 226 SIGNIATURE | / // | DEGREE | Die III . | 22c. DATE | SIGNED |
| | 1/11.1.1 | Mille | MO ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | | a/85 |
| I | 224 PHYSICIAN'S NAME THA | OR PRINT) | 22e ADDRESS | | / | 70- |
| | Michael | E. Klufts / | 1h 30015 | MANDIER | ST. RMT. | mo |
| 73 | BURIAL, CREMATION, REMOVA | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | -11,000 | |
| | Burial | | altimore Nation | CITY OR TOWN | COUNTY | Md |
| 24 | | | | | | |
| 33 | FUNERALDIRECTOR | | 175a D.A | TE REC'D. BY REGISTRAR 2 | MIREGISTRAR'S SIGNAL | 44KC |

| ١, | FOR STATE | DEPAR | TMENT OF HEA | F MARYLAND LTH AND MENTAL HYG | IENE | | | 12 63 |
|---------------|---|---|--------------|----------------------------------|----------------------------|---------------------------------------|-------------|-----------------------------------|
| 1 | REGISTRAR | | CERTIFIC | ATE OF DEATH | 8 SREG. NO | 0. 1 9 | 1 | 4 |
| | CEASED NAME FIRST | Martin | LAST | | 20. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| (ITPE | J•se] | | Schwient | eck | | 7 7 | 85 | 1947 AM |
| 3. SEX | X | 4 RACE | 5. DATE OF | | 6. AGE (IN YEARS LAST BIR | | NDER I YEAR | IF UNDER 24 HRS |
| | Male | White | April | 4 1911 | 74 | YRS. MON | HS DAYS | HOURS MIN. |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | | 9 BALTIMORE CITY O | | DEATH | |
| (| OUNTRY) | 11 5 1 | WIDOWED [| NEVER MARRIED XX | | a11 | | 440 |
| 10 CI | Maryland TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | | 120 USUAL OCCUPATE | ON | 2b. KIND C | MD. OF BUSINESS OR |
| | Baltimere | The Union Memor | et ADDRESS) | nital | Teller | F W ORK ING LIFE) | Bank | ina |
| | | ROTHER INSTITUTION, GIVE RESIDENCE BEFO | | prear | 101701 | | Dunk | ing |
| 130 5 | STATE 13b COUI | | WN 13 | INSIDE CITY LIMITS? | 13 STREET ADDRESS | ZIP CODE | | |
| | aryland | Baltimo | 11 S | YES Y NO | 922 Exete | r Hall | Rd. 2 | 1218 |
| 14 FA | Joseph Schwie | MIGDLE | 15 | MOTHER'S MAIDEN NA | rgaret Diem | | LAS | ST |
| 1.74 | • | | | | | | 100.5 | |
| | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 16b SOCIAL SEC | CURITY NO. | 7 INFORMANT | ADDRE | :55 | | |
| | Yes WW | 2 217-03 | -5061 | Margaret Sa | unders 111 | W. Flm | Ave 2 | 1206 |
| | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), of ED BY: TE CAUSE (b) Cardiac DUE TO, OR AS A CONSEON | 1 Resp | Arrest 1 | onob rela | ited | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | Conditions, if ony, which | ((b) 70 ~ | 1 MS | tall an | a duspn | ea 2 | | |
| | gove rise to immediate couse tot, stating the | DUE TO, OR AS, A CONSEOL | UENCE OF | (Pava Sel | lar | | | |
| -3- | underlying couse lost | 1 mo mi | 19104 | na | | | | |
| 100 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NO | OT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 | a |
| O N | THE REAL PROPERTY. | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR WHIC | H OPERATION | WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, W IN CERTIFYIN YES | | |
| E E | 210 ACCIDENT WAS UNDERLYING | | | TIC HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART I | ORPART 2) | |
| 14 | OR CONTRIBUTING CAUSE OF DE | AIT . | 19 | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 2 | If LOCATION | CITY OR TO | WN | COUNTY | STATE |
| ¥ | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE | FARM, ETC } | SIMEEL | CIII ON TO | WIN | 001417 | STATE |
| | | pital) attended the deceased from | 7/11 | 85 19 | , to 7/7 | 19_ | 85 | that (I) (we) lost |
| | | of New the body ofter death. | As ond | that in (my) (our) opinion | death occurred an the do | ate and hour on | d from the | causes stated |
| 13 | 22b. SIGNATURE | | DE | GREENLD | | | 22c. DATE | SIGNED |
| | Ca | in L Duris | | ATTENDING | MEDICAL STAF | | 71 | 7/92- |
| | 224 PHYSICIAN'S NAME (TYPE | | 12 | PHYSICIAN [| DIRECTOR PHYSIC | IAN [] | 11 | 1103 |
| | Cara | I. Davis | 90 30 | | | | | |

July 10,85 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

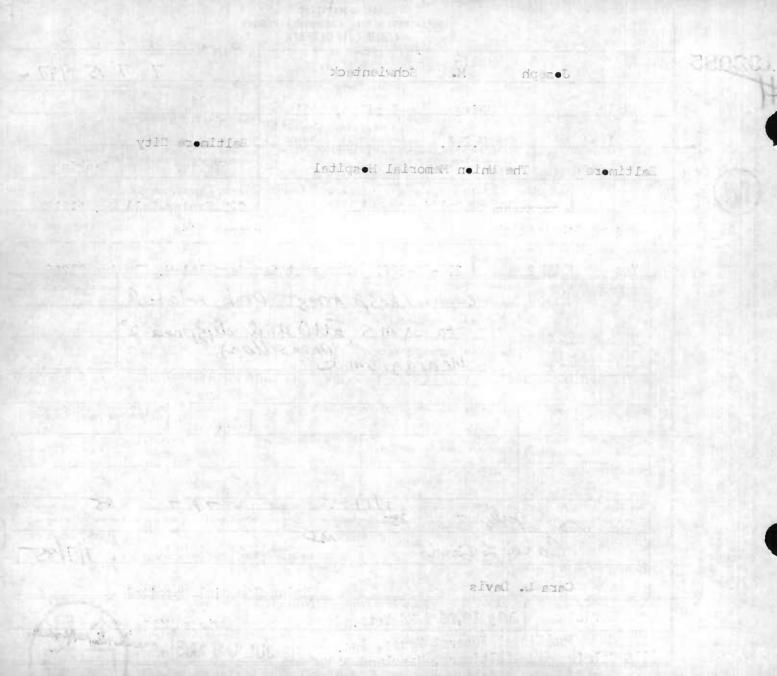
Union Memorial Hospita
234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION
CITY OR LOWN Md Vets. Cem

COUNTY STATE

24 FUNERALDIRECTOR The Dippel FuneralogHomes, Inc. 7110 Belair Road Baltimore, Maryland 21206 Owings Mills Md 250 DATE REC'D BY REGISTER 250 PEGISTER AND SOLUTION OF THE PROPERTY OF THE PR

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEDARTMENT OF HEALTH AND MENTAL HYCHENE

| , | 1 - STATE RESTSTRAR | | CERTIFICATE OF DEATH 8 5 NEG. NO. 1 9 7 3 0 | | | | | | |
|---|--|--------------------------|--|------------|--|---|-------------------------|---|---------------------------------|
| - | | ENRY | WOOL | j | cott | 2s DATE OF DEATH | 7 24 | 25117.0 | 2:00 AM |
| | 1. SEX 4/RACE | | 5 DATE OF | | | 6. AGE (PRINERS LAST BE | | UPIDER I FEAR | |
| ı | M Bla | | ick 7 | | 1 19 | 66 | YRS: | SANG CHIP | HOURS MIN. |
| - | Zu. BIRTHPLACE (ATWING OF FOR | | 75. CITIZEN OF WHAT COUNTRY? USA | | D NEVER MARRIED | BALTIMORE CITY OR COUNTY OF DEATH | | | |
| 1 | S.E. | 11. NAME OF H | 11. NAME OF HOSPITAL NURSING PHOT INSUCHFACULTY, ONE STREET BON Secour Hos | | D DIVORCED DIVORCED DIVIDING OTHER INSTITUTION | 17/0C 17/4 0 / E AND THE KIND OF BUSINESS OR ITYPE OF WORK FOR HOST OF WORKING LETS! INDUSTRY | | | |
| 5 | JUSUAL RESIDENCE OF HURSING | | | ADMISSIONS | I'M INSIDE CITY LIMITS? YES ★ NO □ | 134 STREET ADDRESS | ZIP CODE ricker | St. | 21217 |
| - | TOM | estion | Scott | | IS MOTHER'S MAIDEN NAM Mamie | MODEL Robers | | | on on |
| 1 | THE WAS DECEASED EVER IN U.S. ARMED FORCES! | | | | Mamie Jones | ADDRESS S 816 N. Stricker St. | | | |
| 7 | | ICANT CONDITIONS CO | AS A CONSEQUENCE OF CALCULATION OF TO DESCRIPTION FOR WHICH OPERATION | | - / | 28e AUTOPSY? | ML IF YES, VIN CERTIFYE | LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? | |
| | TES NO TES | | | | | | own 19 ar Ond hour a | COUNTY | the (1) we) last a cover stated |
| | 234 BURIAL CREMATION RE | MOVAL 23h DATE 8/1/85 | 27706 | | EMETERY OR CREMATORY IS Mem. Pk. | Baltim | ore ' | Co. | MD STATE |

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 3 1 1985

www. Pandelle

7/25/85

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March F/H

1101 E. North Ave

Arbutus Mem. Pk.

Arbutus, Md. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b. HOUR

17b. KIND OF BUSINESS OR

NO [

22c DATE SIGNED

STATE

7;00P

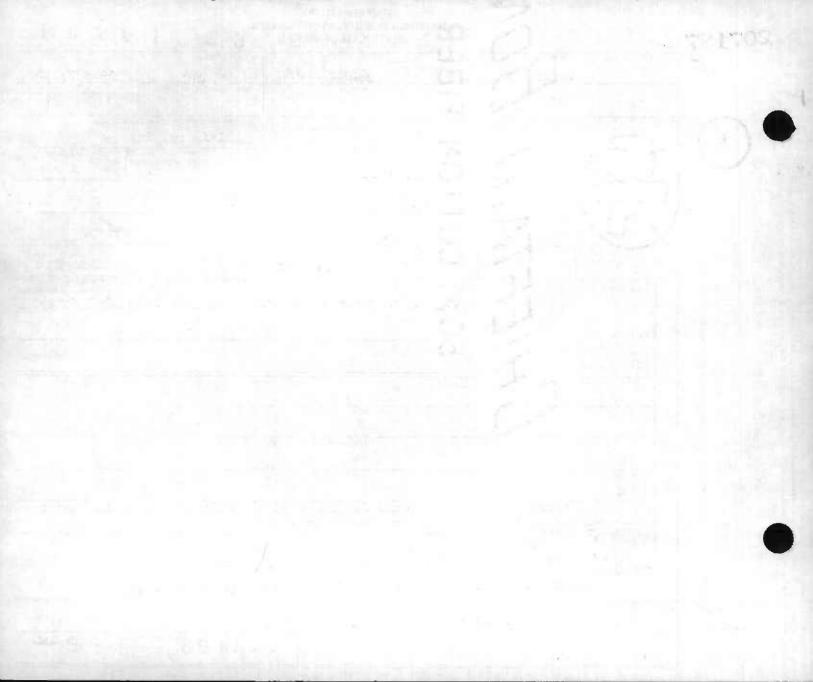
IF UNDER 24 HRS

1985

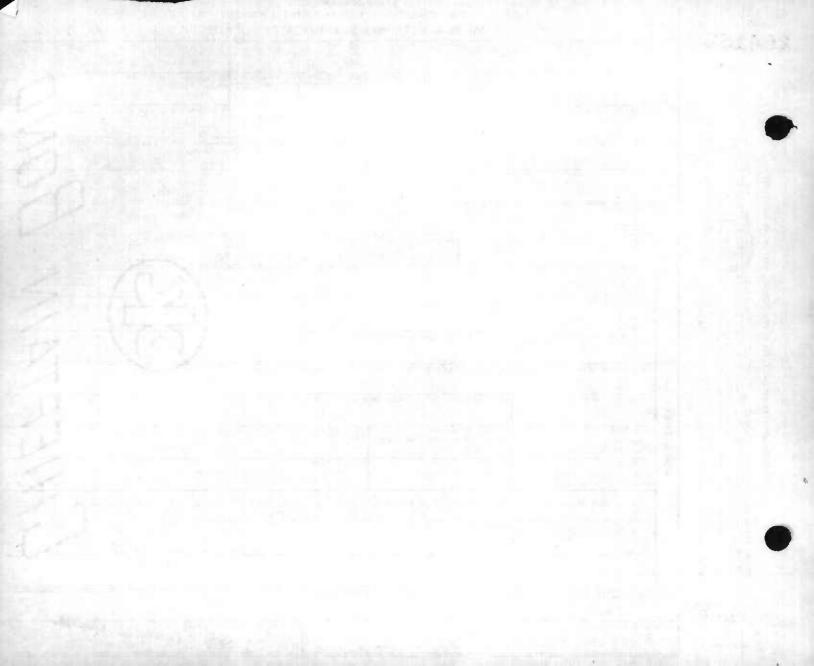
INDUSTRY

Scott

IF LINDER 1 YEAR



| | 1 | TOTAL TO | 220 0120 |)/ (/J) III(J | D 14000 | | | | | | | | | | |
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| MACO | Ľ | REGISTRAR | | | MEDICAL | EXAMIN | ER'S C | ERTIFIC | CATEO | F DEAT | H, | REG NO. | 9 1 | 1 5 | 6 |
| は上いん | | | FIRST | | WIDDLE | | | LAST | | 20 | DATE KI | NOWN T | MONTH | DAY YEAR | 26 HOUR |
| % & & X E | Lin | PE OR PRINT) | Marcia | ret | 7\ | | 0 | 'aott | | | Or | ESII: | 71 | 2/ 1005 | 1 |
| A CHIEST | 3. SEX | x 4 | | | | I AGE (IN YE | | | TIETINDER | 24 HPS 24 | | TATED _ | MONTH | | M HOUR |
| REC REC | | | | MONTH | DAY YEAR | LAST BIRTHO | THOM (YA | | HOURS | | ONOUNC | ED | | | 2d HOUR |
| 82028 | - | | | | | | RS. | | | | DEAD | | 7/ | 3/ 1985 | Рм |
| RANGE S | 7a B | RTHPLACE (STA | TE OR | 76 CITIZEN C | OF WHAT COUN | VTRY? | 8 MARRI | ED NE | VER MARRI | ED XX 9 | BALTIMO | RE CITY OF | COUNTY | OF DEATH | |
| BAN SA | | | d | U | .s. | | | | | | Balt | imore | City | | MD |
| SE S | 10. C | ITY OR TOWN O | FDEATH | 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE | | | | | | | | | | b. KIND OF BI | |
| AT A E SO X | | Baltim | nre | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) | | | | | | | | | | OR INDUST | RY |
| N N N N N N N N N N N N N N N N N N N | USU | | | OR OTHER INSTITUTE | ON GIVE RESIDENCE | HOSDITA | aT | | | | | | | | |
| Z9E50 | 13a. S | TATE | | | 13c CITY | ORTOWN | 5(4) | 13d. INSIDE C | ITY LIMITS? | | | | | | |
| S S A B S A | | Md. | | | Ba. | lto. | | YES 🗌 | NO 🗌 | 1523 | Vine | St. | 2 | 1223 | |
| A232 | 14. F. | | | MIDDLE | | LAST | | 15 MOTHE | R'S MAIDE | NAME | MIDI | DIE | | LACT | |
| 3/35 33/11 | 1 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Scot | | | | | | | | | | |
| CS CO T | 16a \ | WAS DECEASED | EVER IN U.S. AR | MED FORCES? | | | NO. | l . | | | | ADDRESS | | | |
| HE WEST | | | (IF YES, GIVE | WAR OR DATES) | | | 100 | Ma | Toan | Canti | | D-1+0 | 109 | Wolfe S | St. |
| 325321 | H | | | | | | | MS. | Jean | 3000 | - | Balto. | · Ma | | |
| DE STA | 13 | PART I DEA | DEATH (Enter on TH WAS CALISE | DDV | | | | | | | | | | BETWEEN ONS | E INTERVAL |
| 至型类型型片 | 1.5 | XXXX | | | orug abi | ise and | acu | te and | d Chro | onic A | lcoh | olism | 1-3-3 | | 100 |
| N N N N N N N N N N N N N N N N N N N | | | | DUE TO | O, OR AS A CON | NSEQUENCE (| OF | | | | | | | A 100 | |
| REA ANS | | | | | | | | | | | | | | | |
| NA SEE | | cause (a) si | tating the <u>under</u> - | < ' '- | O, OR AS A CON | SEQUENCE C | OF. | | | | | | | | |
| Z X X X X | | lying cause | last. | | | | | | | | | | | | |
| FOUR BENEFIT | | PART 2 OTHER SIGN | IEICANT CONDITIONS | | DEATH BUT NOT BEL | TER TO THE YEAR | IN AL DISEASE | A | | | | | | | |
| A POST | z | TART E GITTER STOR | THE ART CONDITIONS | CONTRIBUTING TO | DEATH BUT NOT RELA | TEU TO THE TERM | INAL DISEASE | OK CONDITION | N GIVEN IN PAI | RIIIa | | | | | |
| - CALLA | 은 | | | | | | | | | | | | | | _ |
| A FEB F | S | 190. DATE OF C | PERATION | 196 CC | ONDITION FOR | WHICH OPER. | ATION W | AS PERFOR | MED? | | | | | 20 AUTOPSY | ? |
| 385358 T | E | | | | | | | | | | | | | YES X | NO 🗌 |
| HAH BANG | W | | error. | | | DAY 9546 | 21c HC | W INJURY | OCCURRE | DIENTERNAT | URE OF INJUR | RY IN ITEM 18 PA | ART I OR PART | 2) | |
| SECONT | | UNDERLYING | OR CAUSE OF | | | | | | | | | | | | |
| SH SH | N | 21d INJURY OC | CURRED | 21e PL | ACE OF INJURY | (AT HOME, | 211. LOC | CATION | | | | | | | |
| S S S S S S S S S S S S S S S S S S S | M | WHILE | NOT WHILE | STREE | T, FACTORY, FARM, E | TC.) | | | | | ITY OR TOWN | 4 | COUN | TY | STATE |
| 1>300- | | AT WORK | AT WORK | | | | | | | | | | | | |
| ATE SEE | | 22a. I certify | that I taak charg | e of the remain | ns described abo | ive, held an | Autaps | \mathbf{X} | Inspection | , . | Inquiry [| and | in my apin | ion | |
| NO THE PERSON | 100 | death resulted | fram: Natur | ral causes | Accident . | Sur | cide | Hamic | ide . | Undetern | uned man | ner . | | | |
| AR ARY | | | | THE | n V | | | | | | | | | | |
| # D D D T T S | | ACTUAL | | 11 | 0 1 | | - | - | | + | | | DATE | 7/1/ | 25 |
| ZER SEE | | SKINKTORE_ | - 6 | | | | M. | D | <u> 10 curi</u> | MEDICA | AL EXAMIN | VER | SIGNED. | 1/3/ | |
| STAN STAN | | EXAMINER'S N | AME CX | .com. D | Van.EE. | | D | | , | 11 5 | | | | | |
| ALI | 00 | | | | | | | | | | | • | | | |
| 100/2 | 230.B | SPECIFY) | | | | NAME OF CEN | AETERY OF | RCREMATO | ORY | Z3d. LOCA | NOITA | | COUNTY | 5 | TATE |
| BP/d2 | _ | | | 1/9/8 | 5 | | | | E de la | | | | | | |
| DHMH - 17 | 24 F | UNERAL DIRECT | OR | AD | DORESS | | | | 25a. DATE R | EC'D. BY RE | GISTRAR | 256 REGIS | TRAR'S SIG | CHARLES | 1 |
| (VR A15 ME (5)) | | An | atomy Bo | | | o., Md. | | | 1111 4 | 4 108 | D' 94 | LAND PRINT | 1 | | |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS FEBREARY BECUTETHE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1174 HE PRESENTED AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONOMINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITTED BATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE DISONOMINE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR FIRE THE CERTIFICATE, WITHIN 24 HOUR FIRED TO THE FUNEAL DIRECTOR. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AND THE CHARLES OF YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AND THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELD SOLVE THE STATE THE | REGISTRAR 1. 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CAUSE OF DEATH (Enter only one cause per line for (o), (b) PARTIPEATH WAS CAUSED BY: IMMEDIATE CAUSE DIVERTING DATE OF THE SIGNIFICANT CONDITIONS CONTERDITION FOR YEAR ONLY OF THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE CAUSE OF DEATH TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONDITIONS CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONTERDITION FOR THE TOTAL PROPERTY TO THE SIGNIFICANT CONTERDITION FOR THE TOTAL PROPE TO THE SIGNIFICANT CONTERD THE TOTAL PROPE TO THE SIGNIFIC | TO BECASED NAME (THE OR PRINT) 1 | POR DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CONTINUED TO THE STATE REGISTRAR TO THE STATE REGISTRAT TO THE STATE REGISTRAR TO THE STATE REGISTRAN TO THE STATE REGISTRAN TO THE STATE REGISTRAN TO THE STATE R | PORT STATE REGISTRAR MEDICAL EXAMINER'S CERTIFIC LAST MARRIADA CONTROL LAST MARRIADA CONTROL LAST LAS | TOTAL POPULATION PRODUCT PRO | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEAT IDECASED NAME MEDICAL EXAMINER'S CERTIFICATE OF DEAT IDECASED NAME MARY GOVERNMENT IDECASED NAME MARY LANGE (IDEATED OF BIRTH MONTH MONTH IDECASED NAME MONTH IDEA BRITTH GOVERNMENT MARY LANGE IDEATE OF BIRTH MONTH IDEA BRITTH GOVERNMENT MARY LANGE MONTH IDEA BRITTH GOVERNMENT MARY LANGE IDEATE OF BIRTH MONTH IDEA BRITTH GOVERNMENT MARY LANGE IDEATE OF BIRTH MONTH IDEA BRITTH GOVERNMENT MARY LANGE MONTH IDEA BRITTH GOVERNMENT MARY LANGE IDEA BRITTH GOVERNMENT IDEA BRITTH GOVERNMENT IDEA BRITTH GOVERNMENT MARY LANGE MARY LANGE MARY LANGE MARY LANGE IDEA BRITTH GOVERNMENT IDEA BR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME (1995 OF RING) MATGATE A. ACE INTERES MODIE MATGATE A. ACE INTERES FUNDER 24 HBS. 20. DATE R. OF RING PERMIL B Black | DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME PARTY OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME PRODUCT OF BEST PROCESS ARACE SCOTT A. BACE INVERSA PRODUCT OF BEST PROCESS DEATH MARKED DEATH MARKE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MACRIE DECEASED HANDE MACRIE DECEASED MACRIE DEC | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EX AMINER'S CERTIFICATE OF DEATH RECORD AND MEDICAL EX AMINER'S CALLED AND MEDICAL EXAMINER OF DEATH OF THE MEDICAL EXAMINER'S MADE OF SET OF THE MEDICAL EXAMINER'S CALLED AND MEDICAL EXAMINER'S MADE OF SET OF THE MEDICAL EXPANSION OF THE |



| STATE OF MARYLAND | |
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| 211084 | 1- | FOR STATE REGISTRAR | | DEF | PARTMENT OF | E OF MAR' HEALTH AN FICATE O | D MENTAL HYG | IENE 8 5 60 NO | | 9 7 | 3 3 |
|--|---------------|--|-----------------------------------|--|-----------------|------------------------------------|------------------------------|---|----------------------------|-----------------------------|-------------------------------|
| of director page 3 72 have after dooth | 3. S& | EMADE REHPLACE SPICEDED | Pagin | Back | STRYP B MARRE | 3 NEVE | Baltimore | R COUNTY O | PROCEST TELES | HOUR PM | |
| A Common of the | USU Tae | BALLER MOR | e include on other | JOHN | Detell | n OTHER | hadral Go | Teach | er | Public 121 Mc | BUSINESS OR Schools Culloh S |
| might be the 2st | 14.EA | Maryland Maryland Menjamin | | Sco | tt | mal. | NO [] | Baltimore, | Maryle | and 212 Wri | ght_ |
| be even. | | VAS DECEASED EVER IN VES. HIS OR UNIVIOUSLY NO. | U.S. ARMED IN YES GIVE WAR | OKSATEN | 0-2674A | Mary | Fernande | 2121 Mc ez Baltimo | | | |
| quies that the death ce signed by the attending hen please remore corto to burial cempatrial or a jury, or other traumatric | NC | Conditions, if any, gave rise to imme cause at stating underlying cause | which diate the last | DUE TO, OR AS A CON- DUE TO, OR AS A CON- ON- ON- ON- ON- ON- ON- ON- ON- ON- | SEQUENCE OF | | | inal disease or coni | DITION GIVEN | N PART 110 | |
| on he low re- | CERTIFICATION | 190. DATE OF OPERATION | ON | 196 CONDITION FOR V | VHICH OPERATION |)N WAS PER | FORMED | 200 AUTOPSY? | 20b. IF YES, VIN CERTIFYII | WERE FINDING NG CAUSES C | GS USED DE DEATH? |
| Therding physical this certificate the buriol-transition and Mental Hygine ced or Item 18 sh | MEDICAL CER | 210, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK | USE OF DEATH LEXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTI P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, C | 19 | 211 LOC# | 10.73 | ED (ENTER NATURE OF INJUR | | COUNTY | STATE |
| ospital or o ospital or ospital o | | 22a. I certify that (I) (t saw the deceased | his hospital) | attended the deceased 20 with body after death | | nd that in (r | ny) (our) opinion o | to JULY 2 | te and hour a | | |
| TO HOSPITAL OR etoined by the h TO FUNERAL DIR should be detoch with the State Der | | Maria & Maria Da | Telga NE (TYPEGAPRIC) elgad | lo GN.D. | | 22e ADDI | ATTENDING PHYSICIAN ERESS | MEDICAL STAF DIRECTOR PHYSIC | F IAN A | mary 4 | 22,1985 |
| BP | | BURIAL, CREMATION, RI SPECIFY) Burial | | 7/27/1985 eral Home, | Md. Nat | | Mem. Pk. | 23d LOCATION CITY OR TOWN Laurel, REC D. BY REGISTRAR | | | yland |

DHMH - 16 60M 7/84 (VRA 15, 4)

2501 Gwynns Falls Parkway Balto. Md. 21216

Usryland , orderlain X camplian 2323

2121 Me Cullion St.

217-20-207en Pary Purmander Saltisore, War Sand 21217

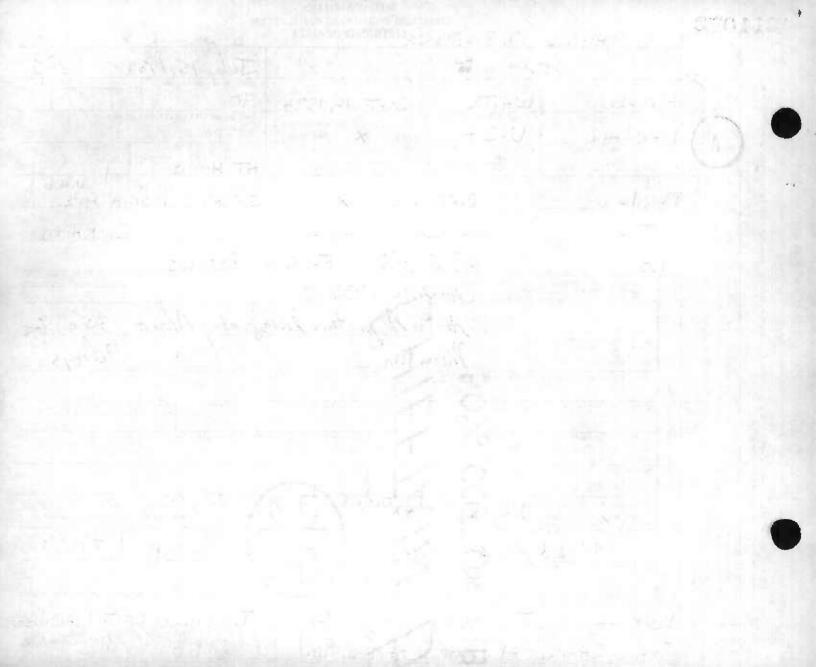
Dubber & Sono Pureural Moon, Inc. 2501 Geynor Falls Park by La Co. Nd. 21216

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

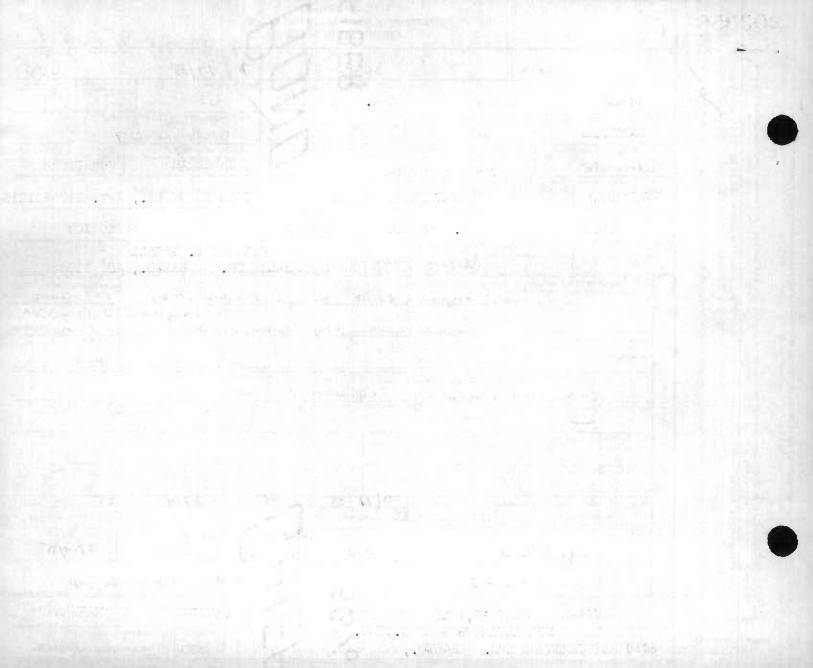
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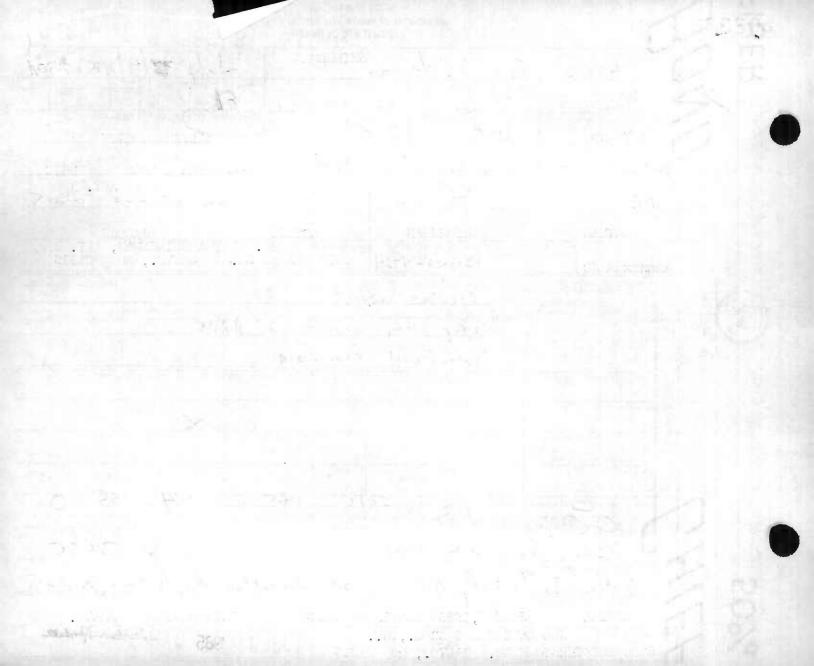
| Ļ | 211072 | , | FOR STATE | DEPA | | TE OF MARYLAND HEALTH AND MENTAL HY | GIENE | | . •~ | | | |
|---|--|---------------|--|--|------------------|--|---|----------------------|---|--------|--|--|
| | MF.JK.JK.O I PO | 1 | REGISTRAR ACTOSS | M. SSARRS | ASE CERTI | FICATE OF DEATH | 8 SEG. NO | 9 | 1 3 0 |) | | |
| | | | CEASED NAME FIRST | MIDDLE | | LAST | | MONTH DAY | YEAR 25. HOUR | - | | |
| | 3 85 0 | Aller | AGNES (|). SEABRESSE | | | July 15 | 11985 | 29 | 5 M | | |
| | 8 80 | J. SE | (| 4 RACE | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 HRS | | | | | |
| | 35 | FS | MALS | WHITE | 5 00 | T. 26, 1894 | 90 | YRS. | | WIN. | | |
| | - 1 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8. MARRII | ED NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF E | DEATH | | | |
| | 1 6 A A | 1.) | ARYLAND | N. 2. H. | WIDOW | | BALTIMORE | | MD. | | | |
| 0 | 1 14 | 11 | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE S' UNION MEMORIA | TREET ADDRESS) | | 120 USUAL OCCUPATION OF OF WORK FOR MOST OF | F WORKING LIFE) IN | B. KIND OF BUSINESS IDUSTRY | OR | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | adding BB | 13a. S | RYLAND = | NTY 13c CITY OR 1 | FORE ADMISSION | 13d. INSIDE CITY LIMITS? YES NO [| | ZIP CODE | A Avs. | | | |
| AARYL | d with | 14. FA | THER'S NAME FIRST | MIDDLE LAST | R | 15 MOTHER'S MAIDEN NA | WIDDIE | 5 | ickHorn | | | |
| RE, A | d car | | | RMED FORCES? 166 SOCIALS | ECURITY NO. | 17 INFORMANT | ADDRE | | ICI MORT | _ | | |
| IWO | on ond con ond | (| (IF YES, G | IVE WAR OR DATES) 215 28 | 1 11 | FAMIL | 1 RECORD | S | | | | |
| ST., BAL | rtificate g physicic an poper emoval. | > | PART I. DEATH WAS CAUS | inly one cause per line for (a), (b) ED BY: ATE CAUSE (b) | DIAZ. | ARREST | | | APPROXIMATÉ INTERVA BETWEEN ONSET AND DE | ATH | | |
| STON | death ce ottending ove carb tion, ar r | | Conditions, if ony, which | DUE TO, OR AS A GONSE | CUENCE AS | pratin) le | spiatry A | nest | 3-5 mm | ~ | | |
| W. PR | that the cose remail, cremat | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS PRONSE | EQUENCE OF | | , / | | Fdorys | | | |
| RDS, 20 | equires in signed Then ple | NOI | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BU | T NOT RELATED TO THE TERA | AINAL DISEASE OR CONI | DITION GIVEN IN | PART Iro | | | |
| I RECO | he law ran. hos bee rangement. aws any | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | HICH OPERATION | ON WAS PERFORMED | 20a AUTOPSY? YES NO | | RE FINDINGS USED CAUSES OF DEATH | ? | | |
| OF VITA | SICIAN: The ag physician certificate herial-transit pentol Hygier Item 18 shaw | | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUP | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART I | OR PART 2] | | | |
| VISION | 3 PHYSII iffending or this ce the buri | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | | 21f. LOCATION STREET | CITY OR TO | wn c | OUNTY STAT | r€ | | |
| ā | DING or or o | | 220. I certify that (I) (this hose | pital attended the deceased from | om_a Th | ly 8 19 X | J to Jaly 1. | 3 19 | 85, that (1) (we |) lost | | |
| | Pital Agrange of He | | saw the deceased olive of | 1/./. / | 07 | and that in (my) (our) opinion | death occurred on the de | ate and hour and | | | | |
| | at OR ATT the hospital at DIRECTO etoched for the Dept. of | | 226. SICALURE SIMON | Muran M | 910 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | F | TIS 85 | , | | |
| | HOSPITAL ned by II FUNERAL JID be det if the State ORTANT: | - 12 | 22d PRYSICIAN'S NAME PE | OR PRINT) | | 22e ADDRESS | | 1 | | 7- | | |
| | TO HOSPITAL retoined by the TO FUNERAL should be defound with the State IMPORTANT: If | | TIMOTHY S. | MURRAY M.D. | | UNION MEMOR | IAL HOSPITA | | | | | |
| | 7 5 | | URIAL, CREMATION, REMOVA | 1 23b. DATE | 23c. NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | cou | INTY Co STAT | I E | | |
| | BP | 13 | URIAL | 201418182 | UULAY | 154 VAIISY | Timoni | um BA) | TO ! IARY! | And | | |
| | DHMH - 16 50M 4/83 | 0 | INERAL DIRECTOR | ADDR | F55 880 | | TE REC'D. BY REGISTRAR | 256 REGISTRAR | SIGNATURE Rand | 102 | | |
| | (VRA 15, 4) | 12 | VANS CHAPS | OF I ISMOR | SS HAR | Enon Ra. | 1111 7 0 198 |) | the factors of the | | | |



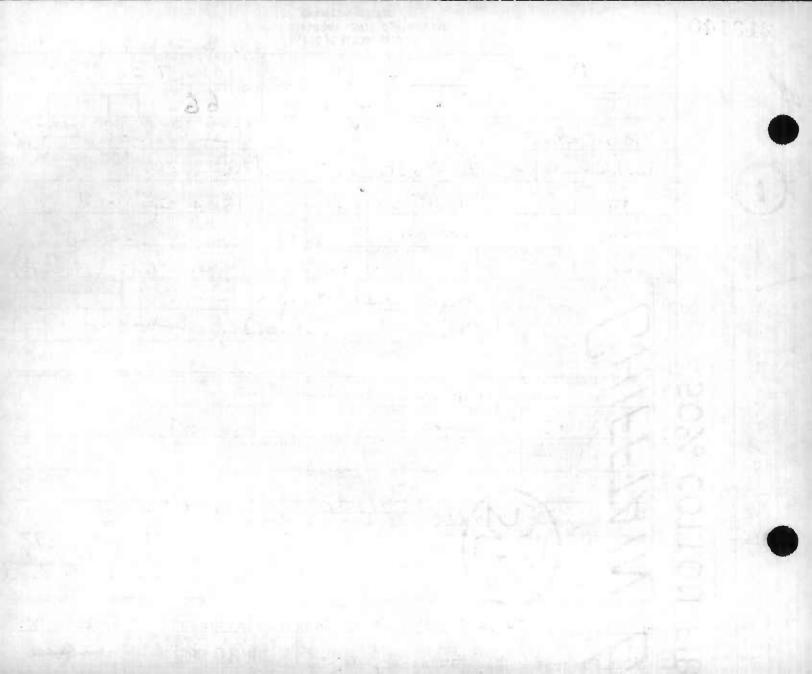
| 203356 | 1 | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | | | | | | |
|--|---------------|--|--|--|---|---|--|--|--|--|--|
| REGISTRAR I. DECEASED NAM | | | DEPART | CERTIFICATE OF DEATH | REG. NO. | 9731 | | | | | |
| | | | MIDDLE | LAST | 20. DATE OF DEATH MONTH D | DAY YEAR 2h. HOUR | | | | | |
| noy be | 100 | STA1 | NTEY | SEGALL | 7/14/85 | C:10(AM) | | | | | |
| 4 4 K | 3. S | | 4. RACE | S. DATE OF BIRTH APR. 2 1922 | | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | |
| 90 00 | | MARE | WHITE | | / 63 YRS. | | | | | | |
| Are Post | A | BIRTHPLACE (STATE OR FOREIGN COUNTRY HAND | 76 CITIZEN OF WHAT COUNTRY? | MARRIED LI NEVER MARRIED | BATMORE CITY OR COUNTY | | | | | | |
| de file | 10 | CITY OR TOWN OF DEATH | | WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR | | | | | |
| s ofte | 1 | BANIMORE | SINA HOSPE | | SALESMAN | FURNITURE | | | | | |
| hoor and hoor | US 130 | JAL RESIDENCE (IF NURSING HOME C STATE 13b COL | OR OTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) | 13 STREET ADORESS / ZIP CODE | 100 515 "0101 | | | | | |
| in 24 | | MARY LAND 136 COL | BALTIM | | 3615 FORDS LA., | APT. 517 #2121 | | | | | |
| ad with | d | MORRIS | R. SEG | ALL THRESA | | ERKOW TCH | | | | | |
| a col | 160 | WAS DECEASED EVER IN U.S. A | THE MAR OR DATES | JRITY NO. 17. INFORMANT | GILBERT I. SEGALL | | | | | | |
| 1 14 1/ | | NO | 215-18- | 7948 3301 JANELLI | EN DR. BALTO. | MD 21208 | | | | | |
| 1 283 5 | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | only one cause per line for (a), (b), ar | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| A Mini | | | ATE CAUSE (a) respirator | g arrest & subsequent ENCE OF Cardio myspatry? Pont | no considerarist | 1-3 minutes | | | | | |
| 是 医自分型 | | 11-11-11-11-11-11-11-11-11-11-11-11-11- | DUE TO, OR AS A CONSEQU | ENCE OF | brilly certia | - 2-3 days -CVA | | | | | |
| 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Canditians, if any, which | 1-2 years - carefu | | | | | | | | |
| | | gave rise to immediate | | 0 | | | | | | | |
| T # 2 2 4 | | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQU | 4145 | | | | | | | |
| the party of | | DADT 2 OTHER SIGNIE ICANIT | 167 | DEATH BUT NOT RELATED TO THE TER | MINIAL DISEASE OF CONDITION CRY | CNI INI DADI 1 (m. | | | | | |
| the party of the p | Z | | | | | THE WALL TO | | | | | |
| 1 1 1 2 2 | - | 190 DATE OF OPERATION | rend insufficiency | ? aspiration president pre | 200 AUTOPSY? 20b. IF YES | , WERE FINDINGS USED | | | | | |
| 9 454 6 | CERTIFICATION | UNI DATE OF OFERMION | | | 7 IN CERTIF | YING CAUSES OF DEATH? | | | | | |
| Share of the | 4 5 | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | Tale HOW INTIUDY OCCUR | | S NO | | | | | |
| AN. | 1 | OR CONTRIBUTING CAUSE OF D | | AY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 P | ART (OR PART 2) | | | | | |
| SICI SICI Cent cent cent cent cent cent | / 5 | (IF EITHER, NOTIFY MEDICAL EXAMIN | | 19 | | | | | | | |
| PHY ndis | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | | |
| offer 1 s th | > | WHILE NOT WHILE AT WORK | | | | | | | | | |
| Af a Af | 10 | | pital) attended the deceased from | + 12 85 19 8 | 10 7/14 | 19 85 , that (I) (we) lost | | | | | |
| TEN THE THE THE | - | sow the deceased plive of | 7/14 19_ | 85, and that in (my) (our) opinion | death occurred on the date and hour | and from the causes stated | | | | | |
| AT AT OSP | | obove, (I) (we) (did) (did r | nat) view the body ofter death. | DEGREE 12 mgs | 4cu resident | 22c. DATE SIGNED | | | | | |
| T Per | | A. A. | II. | pmg 1 | | 2/44/2 | | | | | |
| ZAL SAL | | Jenry 10 | MUS | | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/19/8) | | | | | |
| d b NEB | | 224 PHYSICIAN'S NAME (TYPE | | 22e ADDRESS | | | | | | | |
| TO HOSPITAL TO FUNERAL should be deter with the Stote | | Jennih ' | Patter, M.D. | SINA | HOSPITAL, BANTA | WRE, MP. | | | | | |
| 5 5 5 4 ¥ X | 230 | BURIAL, CREMATION, REMOVA | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | | | | | | |
| BP | | (SPECIFY) BURIAL | | ETH TFILOH | BATTIMORE | COUNTMARY LANDIE | | | | | |
| Dr | 24 | FUNERAL DIRECTOR SC | OL LEVINSON & BRO | | TE REC'D. BY REGISTRAR 25b. REGISTI | RAR'S SIGNATURE | | | | | |
| DHMH - 16 50M 4/83 | 1 | 6010 REISTERSTO | | | 111 1 0 1005 | | | | | | |
| (VRA 15, 4) | | OUTO KEISTERSTO | JWN KD. BALIU. | , MD 21213 | OF I O 1300 - WOK | rundson-Handelle | | | | | |



STATE OF MARYLAND



STATE OF MARYLAND 213140 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 0.47 2b. HOUR LITYPE OR PRINTS 50 28 & AGE (IN YEARS LAST BIRTHDAY) F INDER 7.1EAR 5. DATE OF BIRTH 3. SEX 4 RACE 28 TO. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH CHOW MARRIED NEVER MARRIED WIDOWED DIVORCED [MD 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION THE KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 0 /Gn USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE Bollense 1134 INSIDECITY LIMITS? pruce 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE CNOVAT STONIF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT LIE YES GIVE WAR OR DATEST IYES, NO OR UNKNOWN) 123110 UNY 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC/ 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED 0 STREET CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM, ETC) NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (and) (did not) view the body ofter death. DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF 82 DIRECTOR PHYSICIAN PHYSICIAN | who the Ste 22d PHYSICIAN'S AME RPRINT) 22e ADDRESS COLDERSY JORGE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) 7-31-85 Hampstead Cemetery Hampstead Carroll Md. Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRESS ria Deviden (VRA 15, 4) Hampste



W. PRESTON ST

DIVISION OF VITAL RECORDS,

ATTENDING PHYSICIAN The

TO HOSPITAL

BP

| | | | | | STAT | E OF MARYL | AND | | | | | | | |
|---------------|--|----------------------|----------------------------------|--|-----------|--------------|------------------------------|---------------------------------|-----------------|---------------------------|----------|----------|-----------|-----------------|
| 1. | FOR STATE REGISTRAR | | | DEPARTN | | ICATE OF I | | 199 | DEG. NO | | 9 | 1 | 4 | 0 |
| | CEASED NAME | FIRST | | MIDDLE | | AST | | 20 DATE OF D | EATH MON | ATH D | DAY | YEAR | 2b. HOL | JR . |
| | CORPRINT | JUST | INE | M. | SE | WELL | | | 0 | 7-1 | 1 | 85 | 82 | 6 Am |
| 3 SE | × | | 1 RACE | | S. DATE O | | 28 | 6 AGE (IN YEA | RS LAST BIRTHDA | | IF UNDER | DAYS | HOURS | MIN. |
| | IRTHPLACE (STATE O | DR FOREIGN | 75 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER | | 9 BALTIMORI BALT | | | | ATH | | MD. |
| 0 C | BALTIMOR | | | HOSPITAL, NURSIN H FACILITY, GIVE STREET A | ADDRESS) | SPITAL | TITUTION | 12a USUAL OC (TYPE OF WORK F | | IRKING LIFE | IND | USTRY | CITY S | ESS OR Ct/ou |
| 130 | AL RESIDENCE (IF NO STATE ACULAND | 136 COU | | GIVE RESIDENCE BEFORE | N | 13d INSIDE C | ITY LIMITS? | 130 STREET AD | Payson | | et | Ва | lto 2 | 1223 |
| | EMANUUL | | WIDDLE | MOORE | | | S MAIDEN NA FIRST LARA | | WIDDLE | 1 | C | JIN1 | DLE | 1 |
| | WAS DECEASED EVE | | RMED FORCES? VE WAR OR DATES) | 216-30 - | | 17. INFORMA | A SEW | ELL | address 240 | 0.1 | Pays | ian - | 5+, | |
| | 18 CAUSE OF DEA | WAS CAUSE | | CAXDIOP | | WARY | ARRE | ST | | | 81 | APPROXIM | MATE INTE | OE ATH |
| | Canditians, il ar gave rise to in cause (a), sta underlying cau | mmediate ting the | (b) | RAS A CONSEQUE PLOCABLE RAS A CONSEQUE PROBABLE | NCE OF | RDS | | | | | | | | |
| NOI | PART 2 OTHER SH | GNIFICANT | conditions <u>cc</u> | ONTRIBUTING TO D | EATH BUT | NOT RELATED | TO THE TERM | MINAL DISEASE (| OR CONDITI | ON GIVE | EN IN P | ART Ita | | |
| CERTIFICATION | 19a DATE OF OPER | ATION | 19b CONDI | TION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOP | | LIFYES, CERTIFY YES | YING C | | | H? |
| CER | 210 ACCIDENT WAS L | INDERLYING | 216. TIME O | FINJURY | | 21c. HOW IN | JURY OCCUR | RED (ENTER NATU | RE OF INJURY IN | ITEM 18 PA | RTIORI | ART 2) | | |

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR P.M

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE

211 LOCATION

220 I certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinian death occurred an the date and have and Iram the causes stated

226. SIGNATURE DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22c DATE SIGNED STAFF

CITY OR TOWN

PATRICE BECKER

UNIV. OF MARYLAND HOSPITAL 23c NAME OF CEMETERY OR CREMATORY

BALTIMORE MD

COUNTY

STATE

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 7/15/85

Garrison Forest Vet

Owings Mills, Md. STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

MPORTANT.

or other trau

sho

marked or Item 18

MEDICAL

prior to b

C March F.H

1101 North Ave.

(VRA 15, 4)

TO FUNERAL DIRECTOR.

The State of the S

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Baltimore,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JULY 19 1995 11 Transference

Assert Charles St. Landerton Committee Committ the Main Parone 1/1/10 18 Post of the second of the seco Letter from the dealer of the second of the Energy Evolution in the state of the state o Contract of the state of the second of the second Martine Michael Bather wayners Assessed Warter Tros marie messer in the C = 1/r = 25 = 25 / 2 = 1/c = 1/c the state of the s Storms william and property of the second second sellings.

| 218067 | | FOR STATE REGISTRAR | | STATE OF MARYLA MENT OF HEALTH AND N CERTIFICATE OF D | MENTAL HYGIEI EATH | 8 5 REG. NO | 97 | 4 3 |
|--|---------------|--|---|---|-----------------------|-------------------------------------|---|--|
| noy be | (TYI | CEASED NAME FIRST FORENCE | - | Sheckels | | | 7 -30-85 | 7.00 F N |
| ctor, | 3. SE | * Female | 4. RACE White | S. DATE OF BIRTH | 1897 | AGE IN YEARS LAST BIRT | | |
| # 25 27 F | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76. CITIZEN OF WHAT COUNTRY? | MARRIED WEVER M | AARRIED 7 | Balt C | COUNTY OF DEAT | H |
| A de de de la | E | Baltic City | | ADDRESS) PITA Balte | . (| type of work for most of Homemake | WORKING LIFE) INDUS | ND OF BUSINESS OR |
| filled in bould be | 13a | AL RESIDENCE (IF AURSING HOME OF | | VN 113d INSIDECT | TY LIMITS? 13 | Se STREET ADDRESS | | Id .21230 |
| mpletely ond 2 sh | 14 F | Harry | MIDDLE Egge | | MAIDEN NAME | MIDDLE | Sei | .fërt |
| be execut on ond co | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 220-0 | URITY NO. 17. INFORMAT 17-9761 F1 | | Kramer.6 | 45 E.Cle | to.Md. |
| g physicion on popers. | | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), or ED BY: TE CAUSE (a) | | | | | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| quires that the death considered by the attending the properties of the properties o | z | Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART 2_OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | nia ENCE OF ENOUS BOWE DEATH BUT NOT RELATED | I-Isch | | | 12 hrs |
| hos been permit. I ene prior was ony in | CERTIFICATION | 190. DATE OF OPERATION 7/30/85 | 196 CONDITION FOR WHICH Ischemic | as e HOPERATION WAS PERFOR Bowel | | 200 AUTOPSY? | 20b. IF YES, WERE FII IN CERTIFYING CAL YES | JSES OF DEATH? |
| DING PHYSICIAN: or otherading phys after this certifica e as the buriol-fron olith and Mental Hy marked or item 18 | MEDICAL CI | OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 27a 1 certify that (1) (1) (1) is haspi | P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | 19 211. LOCATIO STREET | N 19 85 | CITY OR TO | OUNT COUNT | Y STATE T, that (I) (We) lost |
| O HOSPITAL OR ATTEN TO FUNEAR DIRECTOR: should be detached for us with the Stote Dept. of He MPORTANT: if hem 21 is | | 226. SIGNATURE SPLENEW A 226. PHYSICIAN'S NAME (TYPE OF | printipole (P) | lest DEGREE AT Mysician P 220. ADDRESS | TTENDING : | MEDICAL STAF | FAN 220. D | ATE SIGNED |
| TO FUN should be with the IMPORTS | | SKlarew BURIAL, CREMATION, REMOVAL (SPEBURIAL) | 23b. DATE 23c. | NAME OF CEMETERY OF C edar Hill (| REMATORY | 22 S. Gree. 23d. LOCATION Ballon. | A.A.Co. | |
| DHMH - 16 50M 4/82 (VRA 15 4) | | UNERAL DIRECTOR | Balto N | Md.21230 | 250 AUG | 2 1985 | Sb. REGISTRAR'S SIG | NATURE CON |

Addition to the second of the

| 214 | 015 | 1- | STATE REGISTRAR | | | - 1 | MEDI | CALE | XAMI | NER'S | | | OF DEA | | odc | NG. | 9 | A A | |
|---|--|-----------------------|----------------------|-----------------------------|-----------------|-----------------------------------|-------------|-------------|---------------------------------|--------------|----------------|---------------|-----------|----------------|---------------------|------------------|-----------|---------------------------|-------------|
| | 48 | 1. DE | CEASED NAA | AE F | IRST | | M | IDDLE | | | LAST | | -0- | G. DATE | | X) MON | TH DAY | YEAR | 2h HOUR |
| ASE | JRS. | - | | | SUSA | | GRA | | | EHAN | | | 70 | DEATH | H MATED | □7-2 | 9-85 | 19 | , |
| RY. PLE | UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS FEISTON STREET, | 3. SE) | male | 4 RACE | A | DATE OF BI | DAY | YEAR 58 | LAST BIRTHI | DAYI MONT | | HOURS HOURS | | PRONOL DE A | JNCED | 7-2 | 19-85 | YEAR | 12:45 |
| SSA | RAL FINAN | FC | RTHPLACE (| , | | CITIZENO | F WHAT | COUNT | RY? | 8 MARR | ED NE | VER MARR | ED X | | MORE CIT | - | | DEATH | |
| S S | Day T | | shingt | on,D.C | | USA | | | | WIDOW | ED U | DIVORC | ED L | | ltimo | | - | | WE |
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| WE WE | EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH WITH THE STA | | EXAMINER'S | NAME ME | argar | ita A | . Ko | rell | ,M.D. | | ADDRESS_ | 111 | Penn | Str | eet | | | | |
| 9 | Z Z Z Z Z Z Z | 23 a. B | URIAL, CREMA | ATION, REMO | VAL 236 (| DATE | | | | | RCREMATO | | 23d LOC | | | | COUNTY | | TATE |
| 07/84 E | 3P | E | urial UNERAL DIRE | | 8- | 1-85 | | Sp: | ring | Hil] | Cem | eter | y Ea | sto | n | Tal | bot |] | Md. |
| | DHMH - 17 'R A15 ME (5)) | 100 | NAME | Fune | ral | Home | DRESS | Eas | ton. | Md. | | JUI | _31 | 1985 | نائد ا | Devi | Son-A | andell | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-ELLA SHEPHERD DEATH MATED 18 1985 **VIRGINIA** SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF IF UNDER 24 HRS 2d HOUR 24. DATE MONTH LAST BIRTHDAY PRONOUNCED 1931 Female 1985 Negro Dec. DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Virginia Baltimore City DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Baltimore 3915 Edmondson Ave. USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3915 Edmondson Avenue Maryland Baltimore NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Virginia Stewart Collins Shepherd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT ADDRESS TYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Collins Shepherd 3643 Wabash Ave. 21215 218-26-7779 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hepatic failure IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WE EXECUTE THE CERTIFICATE, WRITING THE WORD" "FENDING" IN PENCE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINATION FUNCEAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TAD FUNCEAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTINANCE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION OR couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? KON 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OF TOWN COUNTY STATE Inspection X 22a. I certify that I toak charge of the remains described above, held an death resulted from Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-18-85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arbutus Memorial Park 7-23-85 Arbutus, Balto. County, Burial 07/84 BP 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE - nurron Mandalet **DHMH - 17** Marshall W. Jones, Jr. /4101 Edmondson Ave. 21229 (VR A15 ME (5))

STATE OF MARYLAND

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218-20-7779 Collins Shepherd 3043 Mabes Ave. 21215

areacti . Jones. Jr. / +161 Ed. ordson Avc. 21229

Nutter & Sons Funeral Home, Inc.

2501 Gwynns Falls Parkway, Balto. Md. 21216

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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DHMH - 17 (VR A15 ME (5)) STATE OF MARYLAND

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Nutter & Long Emperal Home, inc.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

INDUSTRY

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22c. DATE SIGNED

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IF UNDER 24 HRS

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DHMH - 16 60M 7/84 (VRA 15, 4)

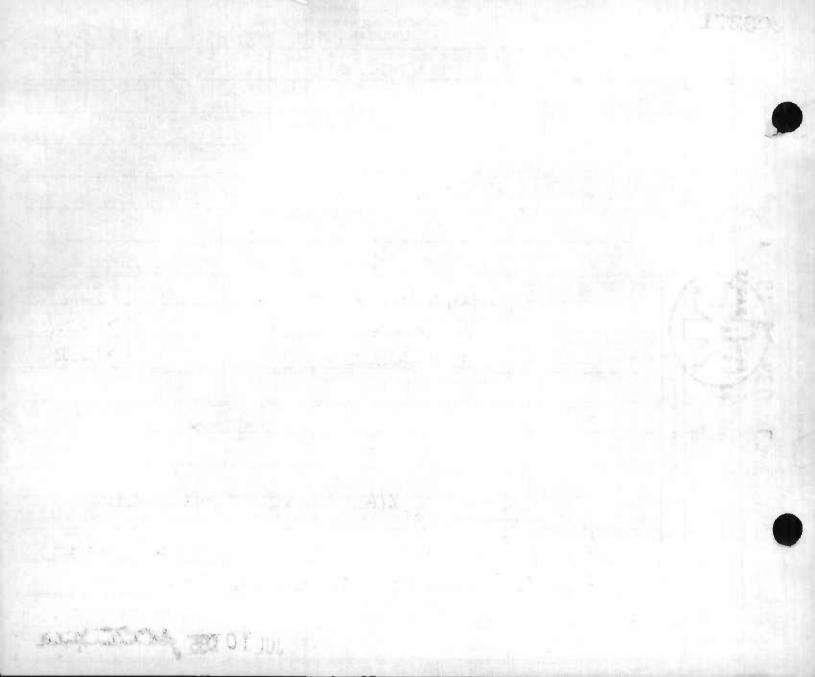
24 FUNERAL DIRECTOR

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- STATE

REGISTRAR



| STATE OF MARYLAND |
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| Dom / | | EASED NAME THE | | WIDDLE | | AST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
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| 1 200 | 1.56 | | 4 RACE | ₩, | 5. DATE O | | & AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
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| 7 37 3 | 48.C | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL NURSI | WIDOWE | D DIVORCED TO ROTHER INSTITUTION | BALTIMORE CI | 12b. KIND OF BUSINESS OR |
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| 1 PG | PIST | BALTIMORE | THE | JOHNS HOP | KINS | HOSPITAL | contractor | painting |
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| 1. 17/1// | / | Robert | JODIE | Mhore | S | Ľula | WIDGE | Price |
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| of the state of th | | underlying touse at | (c)_ | 4NE | OMO | 01118 4 | COPD | - any |
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| 3 3111/ | ICA1 | INE BATA OF OPERATION | 196 COND | DITION FOR WHICH | OPERATIO | WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? |
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| B | 1 | saw the deceased all abave, (1) (we) (did) (a | ve an 24 J | 19 | 85, an | d that in (my) (aur) opinian | death accurred an the date and ha | our and from the causes stated |
| AN WEST | | 226 SIGNATURE | s. | 2 | (| DEGREE | | 220 DATE SIGNED |
| 0 1 0 10 1 | | 61.2 | 1 16 | - Or X | | ATTENDING PHYSICIAN T | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/24/85 |
| F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 224 PHYSICIAN'S NAME | TYPE OR PRINT) | | | 27e ADDRESS | _ omecion _ / molenary | 11100 |
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| BP | | burial | 7/28/8 | 85 | Whit | e Cemetery | Dames Qtr. | Som. Md STATE |
| DF | 24 FI | INERAL DIRECTOR | | t.3,Box | | | E REC'D. BY REGISTRAR 256. BEGIS | STRAR'S SIGNATURE |
| DHMH - 16 60M 7/84 | | Leroy G.Wel | | | | .Md.21853 1 | 1 / 1 | Davidson-Randalle |
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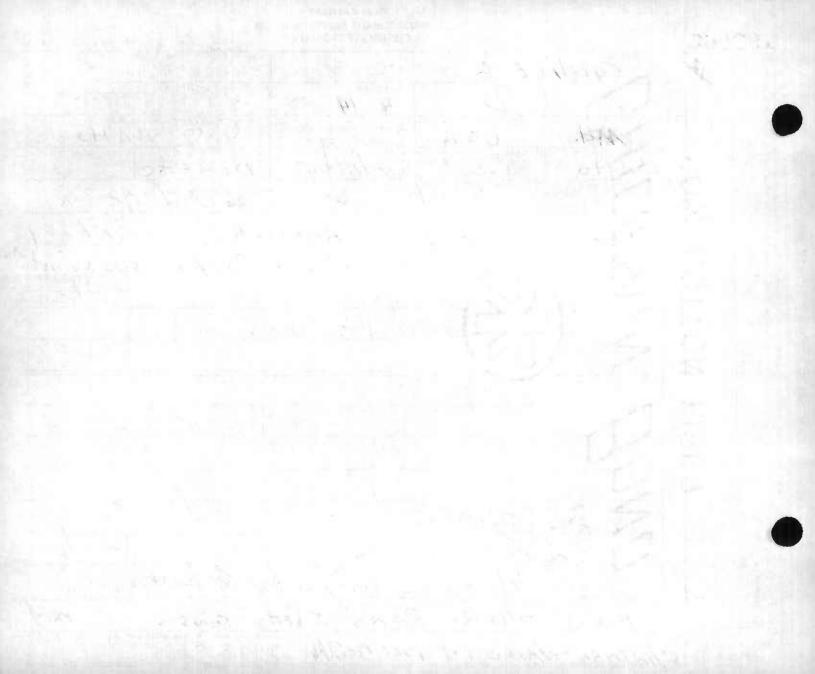
STATE OF MARYLAND 204025 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 74 DATE KNOWN IV DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED SHORT FRANK FIFP 4. RACE 6. AGE (IN YEARS | IF UNDER TYR. | IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED 7-12-85 3:20A Male White 46 YRS Th. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Iaeger, W. Va. U. S. A. DIVORCED X WIDOWED [Baltimore City 11. Name of Hospital, Nursing Home or OTHER INSTITUTION 1118 INSURE Washingtons Street Baltimore Machanic- Const. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3034 Hudson Street-21224 Baltimore 13d. INSIDE CITY LIMITS? Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Short George Bessie Church 17 INFORMANT & altimore ADDRESS Md. 21224 16h. SOCIAL SECURITY NO. 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 233-58-7747 Mrs. Phyllis J. Short-3034 Hudson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Cardiomyopathy IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22e I certify that I took charge of the remains described above, held on Natural causes X death resulted from: Undetermined manner TITLE (SPECIFY) DATE 7-12-85 M.D. Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION July 15,1985-Oak Lawn Cemetery-Baltimore, Maryland 07/84 24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Home ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** E. Baltimore St.; Balto., Md. 21224 (VR A15 ME (S))

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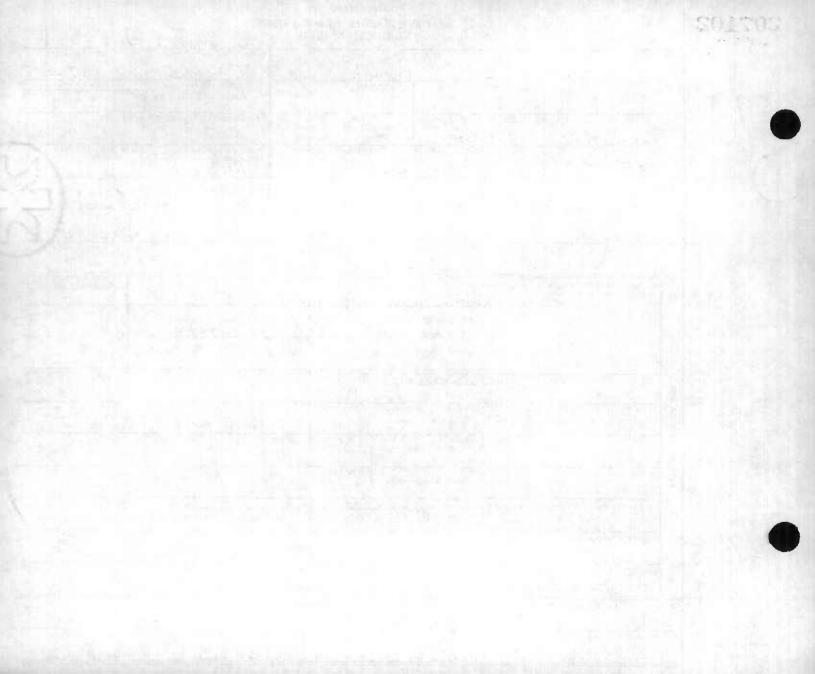
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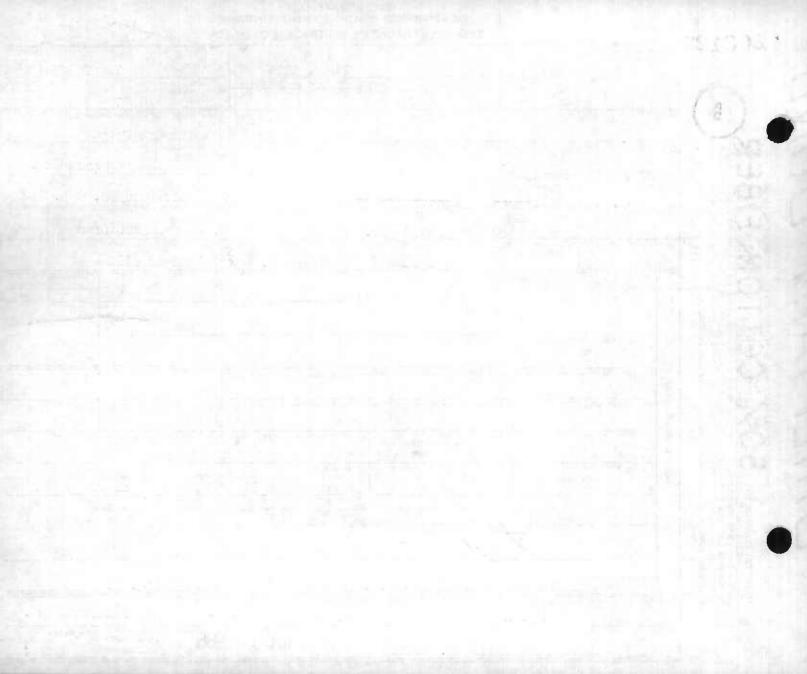
Columbia Rd Ellicott ci

(VRA 15, 4)



Film G607 item 21b DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER S CERTIFICATE OF DEATH REGISTRAR 9/5/85 rja 1. DECEASED NAME 20 DATE KNOWN LITYPE OR PRINTS ESTI-DEATH MATED Martin HARVEY Shuff. 8 19 85 5 DATE OF BIRTH 4 RACE 2c. DATE 2d HOUR LAST BIRTHDAY PRONOLINCED DEAD 20 19 85 64 white CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DREIGN COUNTRY DIVORCED Baltimore City, WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Farm Store Manger Johns Hopkins Hospital Baltimore ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 6603 CopperRidge Dr. Apt. 102 136 COUNTY 13d. INSIDE CITY LIMITS? 13a STATE NOX Baltimore 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robinson Shuff Μ. Luther Harvey Joanna 7 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) Joanna M. Poey same as #13e 220-94-4861 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOV 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 2:15 XX 7 10 85 driver in auto/auto impact 8 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC) AT WORK AT WORK GE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE Greenmount & 33rd St, Baltimore City, MD. street Inspection X 228 I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Accident X death resulted fram: Suicide L Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE 3/9/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto, MD. TYPE OR PRINT) 0 4 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN BALTIMORE "Md. Westview Mem. Park 07/64 Cremation 2584 250. DATE REC'D. BY 256 RECHSTRAR'S SIGNATHUE DE 4 FUNERAL DIRECTOR DHMH - T7 BURGEE - HENSS 3631 Falls Rd. 21211 (VR A15 ME (5))

STATE OF MARYLAND



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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | The |
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| | OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after |
| | 8- |
| | 0 |

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| 1- | STATE REGISTRAR | | | DEFARIN | CERTIF | ICATE OF DEATH | 8 5 REG. NO | 1 9 | 1 | 5 3 | 5 |
|---------------|-------------------------|---------------|-----------------|--------------------------|------------|-------------------------------|----------------------------|--|-----------------|-------------|--------------|
| | CEASED NAME | FIRST | | MIDDLE | l. | AST | | MONTH DAY | YEAR | 26 HOU | R |
| (14bF | ORPRINT) | ey | SH | ULMAN | | | | 7/25/ | 185 | 210 | ME |
| 3. SE) | K | | RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | - | UNDER I YEAR | HOURS | 24 HRS |
| F | EMALE | | +6 CAU | CASIAN | JAN | . 12. 1905 | 80 | YRS. | IIIIS DATS | HOURS | M IN |
| 70. BI | RTHPLACE (STATE OR | FOREIGN 7 | & CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | | FDEATH | | |
| 1 0 | RUSSIA | 1 | US | ΣΛ. | WIDOWE | DIVORCED | BALTIMO | DE CITY | , | | 445 |
| 10 CI | TY OR TOWN OF DEA | ATH I | 1. NAME OF | HOSPITAL, NURSIN | G HOME C | R OTHER INSTITUTION | 120 USUAL OCCUPATE | NC | 12b. KIND C | OF BUSINE | SS OR |
| BA | ALTIMORE | 97 | SINAI | HOSP ITAL | - | BALTIMORE | HOUSEWIF | | AT | HOME | |
| USU | AL RESIDENCE (IF NURS | | | | | | In exp. cz. appness | 710 0000 | APT, | 407 | |
| . 4 | RYLAHD | 13P COUN. | XXXXXXXX | BALTIME A | | 13d. INSIDE CITY LIMITS? | 3601 CLA | PKS L | . / | | |
| | THER'S NAME | PALIKALIY | MORNALA | 13.76-111160 | CE | 15, MOTHER'S MAIDEN NA | | ERS A | 7. / 00 | 11215 | |
| 1111 | FIRST | M | IDDLE | LAST | | FIRST | MIDDLE | 6 |) LAS | 51 | |
| | SHAHNEN | | | DATZ | | ESTHER | | R | DSENI | BLOOM | 7 |
| | VAS DECEASED EVER | | MED FORCES? | 220-05- | 8518 | 17 INFORMANT KA | THERINE SHU | MAN | APT. | 407 | |
| | NO | | | 002-00 | 169+ | 3601 CLARKS | IA BALTO | MD - | | 21215 | - |
| | 18 CAUSE OF DEAT | H (Enter onl) | v one couse per | line for (a), (b), one | dice | | | | BETWEEN | MATE INTER | VAI DEATH |
| | PART I. DEATH W | AS CAUSED | BY | CARDIO-PUL | | VRY ARREST | | | | | |
| | | IMMEDIAIL | | | | in hand y | D. T. T. C. | | | | |
| - 1 | | | DUE TO, O | R AS A CONSEQUE | | 1 N | | | | | |
| | Conditions, if ony, | | (b)_ | (T) 310 ED | (NIR | 4-CRANIAL K | MURRHAGE | | | | |
| | cause (a), statir | ng the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | |
| | underlying couse | lost | ((c)_ | | | | | | | | |
| 3 | PART 2. OTHER SIGN | VIFICANTO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | IN PART 1 | 0 | |
| o | CER | EBRA | VALL | KLAR E | DISEAS | - | | | | | |
| CERTIFICATION | 190. DATE OF OPERA | | | 0 | | N WAS PERFORMED | 200 AUTOPSY? | 20b. 1F YES, W | | | |
| 끮 | | | | | | | YES TO NOW | IN CERTIFYIN | NG CAUSES | | |
| ERT | 21a. ACCIDENT WAS UNI | DEBIAING 🔲 | 21h. TIME C | E IN II IDV | | 21c HOW INJURY OCCUR | | YES [| 1 00 0 0 0 5 01 | NO [| |
| | OR CONTRIBUTING | | 110110 4 | M. MONTH DA | YEAR | ZIL HOW INJOK! OCCURI | KED (ENTER NATURE OF INJUI | Y IN ITEM IS PARI | I OR PART 2) | | |
| 3 | I IF EITHER NOTIFY MEDI | | | M. | 19 | | 353,0741,071 | | | | |
| MEDICAL | 21d. INJURY OCCUR | RED | 21e. PLACE | | | 21f. LOCATION | CITY OR TO | AVN | COUNTY | 51 | TATE |
| \$ | WHILE NOT WE AT WORK | HILE | (AT HOME ST | REET, FACTORY, OFFICE, F | ARM, ETC.) | SIRELI | CITORIO | | 1000 | | |
| | 220.1 certify that (I) | | al) attended th | e deceased from | JULY | 22. 10 85 | to JULY 7 | 5 19 | 85 | that (I) (w | ve) lost |
| | sow the decease | | 497 | | \ | ad that in (my) (our) opinion | death occurred on the do | ite and hour or | | , , | |
| | above, (I) (we) (| did) (did not | view the body | ofter death. | | | | | | | |
| | 226. SIGNATURE | 00 | 11 | | | DEGREE | MEDICAL STAF | . / | 22c. DATE | SIGNED | |
| | Nemelk | Ti | There | u | M. | D. ATTENDING PHYSICIAN | MEDICAL STAR | | 1/25/ | 85 | |
| | 2 . PHYSICIAN'S N. | AME (TYPE OR | PRINT) | | | 22e ADDRESS | | | - 1 | | |
| 111 | KENNETH | L | SHAPIRE | 3 | | 3 SUGARLOA | E (-#T-1 | BALTI | MARK | Mr | |
| 220 5 | BURIAL, CREMATION, | DEMOVAL | 23b. DATE | | JAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 1 JACITA | more; | 7-17: | |
| 230 (| SPECIFY) BURIAL | REMOVAL | | | MOSES | MONTEFIORE WO | | TIMORE | OUNIY | MARY | LAND |
| 24 FI | UNERAL DIRECTOR | SOL L | EVINSON | I & BROS. | , INC | 250. DAT | E REC'D, BY REGISTRAR | A STATE OF THE STA | The second | MOF | |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

BP.

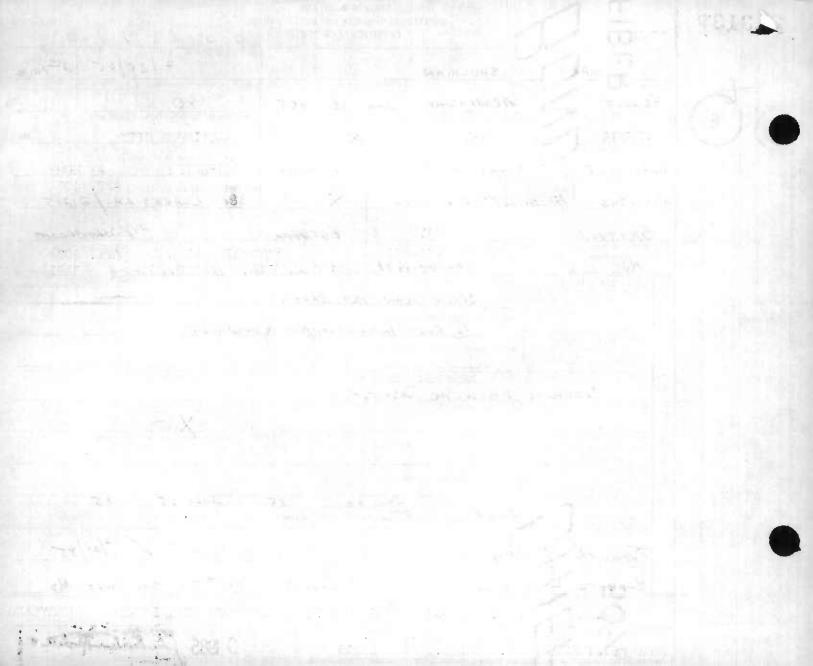
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and cashould be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

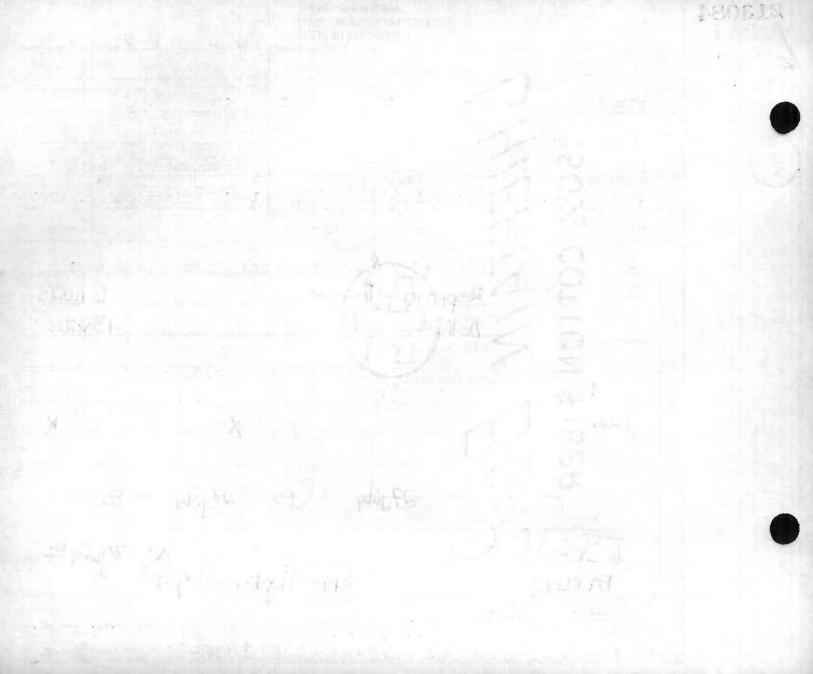
injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

6010 REISTERSTOWN RD. BALTO., MD 21215

DATE REC'D, BY REGISTRAR LOCAL AND SECULATION OF THE SECURATION OF THE SECULATION OF THE SECURATION OF THE SECULATION OF THE SECURATION OF





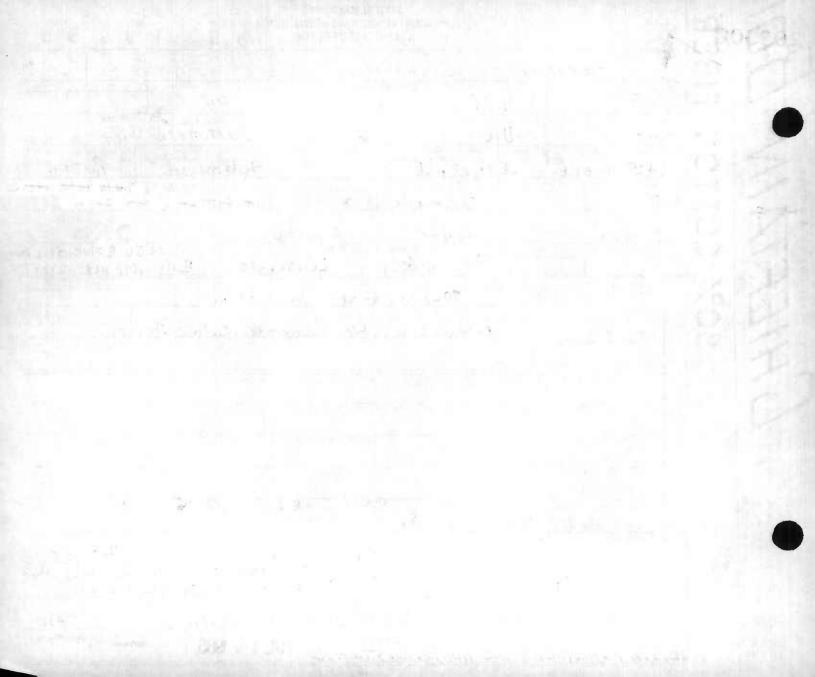
STATE OF MARYLAND

DED A DESIGNATION OF HE ALTH AND APPLICAL HYCLENE

| 204003 | 1 | FOR STATE REGISTRAR | | DEPARTN | ENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 SEG. NO | . 19 | 7 | 5 5 |
|---|---------------|--|---|---|------------------|---|---|-------------------------------|-------------------|----------------------------------|
| oy be deoth | | CEASED NAME FIRST OR PRINT) HERM | | SIC. | | MAN | 20. DATE OF DEATH | MONTH DAY | YEAR 85 | 26. HOUR |
| ge 4 moy ector. pos | 3 SE | | 4 RACE | i E . | 5. DATE O | DE BIRTH | 6 AGE (IN YEARS LAST BIR | YRS. | DER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| earth. Po in 72 hours | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF V | VHAT COUNTRY? | MARRIE WIDOWE | | Baltimore city o | | - | MD. |
| by the fu | 1 | LALTIN-ORE | LEY | MADALE | DORESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF OF WORK FOR MOST OF | ON FWORKING LIFE) IN | b. KIND O | F BUSINESS OR |
| filled in hould be in hould be | 130 | . / | OTHER INSTITUTION O | GIVE RESIDENCE BEFORE 1936 CITY OR TOWN | ADMISSION) | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS | - | D | 21209 |
| med with | 14. F | SIMON | MIDDLE | Feder | | 15. MOTHER'S MAIDEN NAM | WIDDLE | 1 | Dav | |
| 1 | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? | 192-12- | 6032 | 17 INFORMANT Levina | lale ! | 2474 | e 140 | verder A |
| on deliger | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) | ly one couse per l D BY: 'E CAUSE (a) | * 4 | Canc | dial Info | arction. | | BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| uires that the death of gred by the attendion please remove can burrol, cremotion, or ury, or other troumotin | 7 | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (| (b) DUE TO, OR | AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D | NCE OF | | Olas Cela | | | 3 |
| The low requirition. te has been singlement. The greene prior to shows only injure. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WE IN CERTIFYING | RE FINDING CAUSES | IGS USED OF DEATH? |
| YSICIAN: TI ding physicis s certificate burial-transif Mental Hygi | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.A | A. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | | Y IN ITEM 18 PART I | OR PART 2) | |
| G PH er thu the I ond | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C | OF INJURY SET, FACTORY, OFFICE FA | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN (| OUNTY | STATE |
| R ATTENDINI hospitol or of RECTOR: Aft red for use as pp. of Health rem 21 is mor | | 220 I certify that (I) (this hosp saw the deceased alive an obave, (I) (we) (did) (did no | 2.14 | 19 | 8, 0 | d that in (my) (aur) apinion | death occurred on the do | ite ond hour and | from the | |
| The Day | | 22b. SIGNATURE | Galus | an | . 4 | | MEDICAL STAF | F IAN [] | 7- 15 | 5.25 |
| TO HOSPITAL TO FUNERAL should be det with the State | | 224 PHYSICIAN'S NAME (TYPE C | ि भर | WAR | | 1220 ADDRESS Levin Laltin | dale 241 | | 212 | ere Ave |
| BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | 7/17/2 | 15 MA | YFIE | EMETERY OR CREMATORY LD CEMETER | 23d LOCATION CITY OF TOWN CLEVELA | VD | YTM | OHIO |
| DHMH - 16 60M 7/B4 | | UNERAL DIRECTOR | | ADDRESS | IKESI | IIIe, MD 250 DAT | REC'D. BY REGISTRAR | 256 REGISTRAR | SSIGNAT | difficulties & |

4/208

DHMH - 16 60M 7/B4 (VRA 15, 4)



| 0.4 | 2002 | | FOR | | | | | DE | DADTA | | | | ARYLAN | ID Ental F | IVCIEN | 10 | | | | | | |
|---|---|---------------|--|------------------|-----------------------------|----------------|---------------------|----------|-----------------------|-------------|-------------|------------|--------------|-------------------|---------------|----------------------|------------------|--------------|---------|-----------|--------------------------|-------------------------|
| 23 | 13093 | | STATE | | | | M | | | | | | | CATE | | | | 1 | 4 | 1 | un j | |
| | | | REGISTRAR EASED NAME | | FIRST | | 7751 | | UDDLE | -AAM | HAEK. | 0 | AST | MIL | 3 | - | REC | NO. | | DAY | YEAR | 2b HOUR |
| | #2 20 C | (TYP | E OR PRINT) | P/ | ARBAR | 27 | | | | | | e T r | DONS | | | OF | ESTI- H MATEI | - | 7 | | 19 85 | 28 11001 |
| | REET | 3 SEX | | I. RACE | | | OF BIRTI | Н | | 6 AGE (III | | | | IF UNDER | 2 24 HRS | 2c DAT | | M | ONTH | Z4 DAY | 19 OJ YEAR | 2d HOUR |
| Y | OR I | F | 'emale | Whi | | MONTH 6 | 12 | Y | 63 | 22 | THDAY) M | ONTHS | | HOURS | MIN | PRONOL | JNCED | | 7 | 24 | 19 85 | 7P M |
| | 3382835 | 7a. BI | RTHPLACE (ST. | ATE OR | 00 | - | ZEN OF V | | | | YRS. | | | | V | | MORE CI | TY OR C | OUN | | | 1 /P N |
| 1 | | | reign country) | | | US | | | 17. | | WID | OWE | D 🗆 | VER MARR | ED [| Bal | timo | re C | ity | 7 | | WE |
| | S 18 18 18 18 18 18 18 18 18 18 18 18 18 | 1 | ry or town o | re | | Sout | ot in such th Ba | alt | TY GIVE ST | reet addres | enera | | Hosp. | TION | | CIEY | | | WORK | 12b Kill | ND OF BU | Siness Stor |
| 21201 | AND THE AND TH | 13a S | Maryla Maryla | and C | COUNT | | STITUTION, | , GIVE R | Bal | or town | re re | Ci | 3d INSIDE CI | NO [| 13e STF 38 | REET ADDI | RESS Oth | Str | ree | t | 21: | 225 |
| 8 | H. IF A 3. 2 Si AL | | THER'S NAME | | | MIDDLE | | | | AST | | | IS. MOTHE | R'S MAID | ENNAM | | WIDDLE | | | | LAST | |
| ar m | S S S S S S S S S S S S S S S S S S S | | Ernes | 5 | | | | | S | iddo | ns | | | Ruby | - | | mobile | | | | ranha | am |
| ALTIMO | AFTER DESIGNATION OF THE FORM AGES 1 | 16a. V | NO OR UNKNO | EVER IN | U.S. ARM YES, GIVE W | VAR OR DA | CES? | | | -70- | | | 7 INFORM | est | Sid | dons | | RESS 12 1 | Ot | h S | Stre | et |
| ON ST., B | 24 HOURS INEW 18. C LONG WII PERMIT. P GIENE, DIN | | 18. CAUSE OF PART I DE | ATH WAS | Enter only CAUSED | BY: E CAUSE | E (o) | | Hand | | TE OF | | | S | 24 | | | | | BETY | PPROXIMATE WEEN ONSET | INTERVAL I AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 | XECUTED WITHIN NG IN PENCIL IN CAL EXAMINER A BURIAL - TRANSIT AND MENTAL HY NATION, OR REMO | | Condition gave ris couse (a) lying cous | to imstating the | mediate e <u>under</u> - | D | (b) OUE TO, C | OR AS | A CON | SEQUENC | CE OF | | | | 7 | | | Š. | | | | |
| ECORDS | BE B NDIP NDIP NACTH | CERTIFICATION | PART 2 OTHER SIG | | | | | | | | - 60 | | | | ART 1 ig | | | | | | | |
| A A | WORD PE CHIEF A BE USED INT OF HE | CAI | 19a. DATE OF | OPERATIO | NC | 1 | 96 CONE | DITIO | NFORV | WHICH O | PERATIO | AW P | S PERFOR | MED? | | | | 4. | | 20 A | AUTOPSY? | |
| VII | SHOUL CHIEF | RTIF | a) systemic | CALLECT | 144.6 | | | | | | | | | | | | | | | | YES 🗌 | NOX |
| ONO | CERTIFICATE ITING THE WOED TO THE E3 SHOULD B DEPARTMEN II PRIOR TO B | | 210 EXTERNA UNDERLYING CONTRIBUTION | X OR | USE OF DI | EATH | ? P. | A.M. N | 7-24 | | 85 S | | | occurre hange | | | INJURY IN IT | EM 18 PART | 1 OR PA | RT 2) | | |
| DIVISI | E, WRITING WARDED PAGE 3 SI STATE DEP | MEDICAL | 21d. INJURY O WHILE AT WORK | NOT WH | HILE X | | | ACTOR | INJURY r, FARM, ET | (AT HOME | 211 | 10C STR | ATION | h St. | | city or t | | | co | UNTY | | STATE MD |
| • | TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE PORN TO FUNERAL DIESTOR: 1 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2 | | 22a certif death resulte ACTUAL SIGNATURE | y that I ta | ok charge | of the r | | | ccident | | Suicide | | Hamic | | Unde | Inquir termined r | nanner [| ond in | DATE | | -25-8 | 35 |
| | MEDIC ECUTE T GE 4 SF FUNER TER DEA | | EXAMINER'S I (TYPE OR PRIN | NAME T) | Ann | M. I | Dixor | n, | M.D. | • | | A | DDRESS_ | 111 I | | | | to., | MD |) 2 | 1201 | |
| 07/84 | BP BEZ | (5 | RIAL CREMAT | 1 | | 7-2 | 7-8 | | C | edar | Hi | 11 | CREMATO | eter | CITY | Broo | klyr | 1 A | cour | | runc | ATE |
| 25M | DHMH - 17 (VR A15 ME (5)) | 24 FI | NAM GULL | y H'I | uner | al | Hôm | e 2 | Bal | to.P | atan Md. | 21 | 20 A | 25a. DATE V.E. | | | RAR 25h | REGISTR | AR'S S | SIGNAT | | |

8

ld b

203193

REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

3. SEX

FIRST

Mary

4. RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic-

| STATE | OF | MA | RYL | AN |
|-------|----|----|-----|----|
| | | | | |

LAST

5. DATE OF BIRTH

Sieck

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DE

DAY

| HTA | 8 SREG. | 10. | 9 | 1 | 2 | |
|------|------------------------|----------|---------|-------------|----------|--------|
| | 20 DATE OF DEATH | 7 6 | 19 | YEAR 185 | 3.1 | |
| | 6 AGE (IN YEARS LAST B | RTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| L896 | 89 | YRS. | MONTHS | DAYS | HOURS | MIM |
| | 9 BALTIMORE CITY | OR COUNT | Y OF DE | ATH | | |

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

STATE

STATE

INDUSTRY

Hope

COUNTY

Female White May 6 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STEE OR FOREIGN MARRIED E NEVER MARRIED

Baltimore City DIVORCED T WIDOWED

IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker Baltimore

H

120 Churchwardens Rd USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

30. STATE Md Baltimore 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YESX 120 Churchwardens Rd 2/3/2 NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME

William Thornton Mary Ellen 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES NO OR UNKNOWN) 212 32 9038 Claymore C Sieck Same

PART I. DEATH WAS CAUSED BY 2 ince IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

NO 21b. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC)

27a 1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

above, (1),(we) (did) (did not) flew the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS

1 056,0 ANKLIN

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)

Burial 7/9/1985 Druid Ridge Cemetery Pikesville 24 FUNERAL DIRECTOR

The Saydon Pandate

DHMH - 16 60M 7/B4 Mitchell-Wiedefeld Home 6500 York "d. (VRA 15, 4)

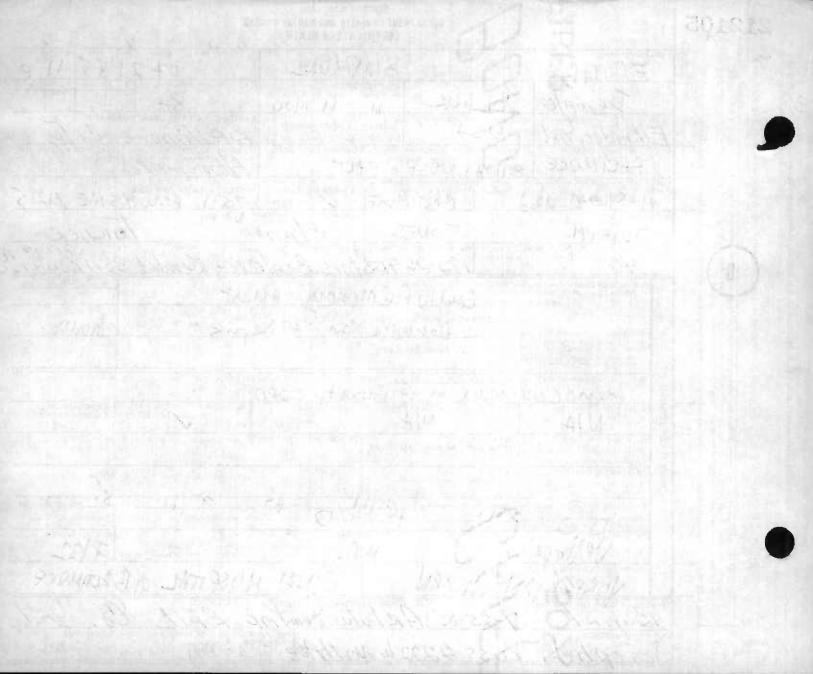
NOT WHILE



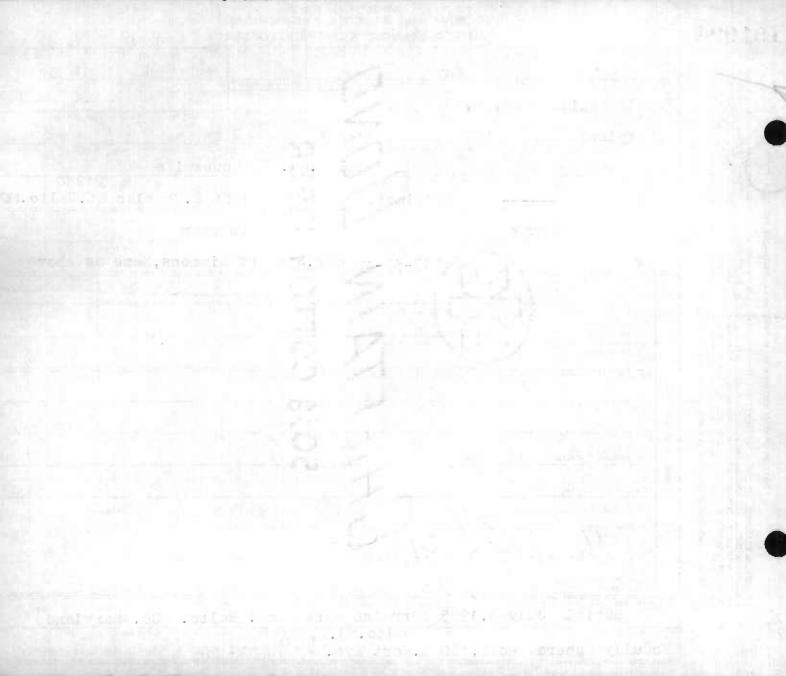
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | 8 | SREG. NO | 0 | 9 | 1 | 5 | 8 |
|---|---------------|---------------------------------------|-------------------------|---------------------------|--------------------|---------------------|----------------|---------------|--------------------|---------------------|---------------|-------------|----------------|-----------|-----------|
| ħ | | EASED NAME | FIRST | 1 | MIDDLE | l | AST | | 20. DATE C | | MONTH | DAY Y | EAR | 2ь. но | UR- |
| I | { TAPE O | OR PRINT) | HILDA | | Α. | C | SILVER | | | | 7 3 | 26 8 | 5 | 5: | 35P M |
| | 3. SEX | | | 4 RACE | | 5. DATE C | OF BIRTH | | 6. AGE (IN | YEARS LAST BIR | [HDAY] | IF UNDER | I YEAR DAYS | IF UNDE | |
| 1 | / | FEMALE | | WH | ITE | MONTH 6 | 1 3 | 08 | 7 | 7 | YRS. | MONTHS | DATS | HOURS | MIN. |
| 1 | | THPLACE (STATE OR F | OREIGN | | WHAT COUNTR | XY? 8 | D NEVER | | 9. BALTIM | ORE CITY O | | Y OF DEA | TH | | |
| 4 | | ARYLAND | 1 | U.S. | Δ. | WIDOWE | | WORCED [] | B | ALTIMO | RE C | עדד | | | MD. |
| 4 | | Y OR TOWN OF DEA | TH | 11. NAME OF | HOSPITAL, NUR | SING HOME | U.A | | 12a USUAL | OCCUPATI | ON | 17b. K | IND OI | F BUSIN | IESS OR |
| ¥ | P | BALTIMORE | | | AGNES 1 | | т. | | | TELLE | | | | | YLAND |
| 7 | USUAI | L RESIDENCE (IF NURS | ING TOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEF | FORE ADMISSION) | 7-11 | | A SECONDARY | | | TAN | _ | BK. | |
| 7 | 13a ST | ARYLAND | D) T III | TMORE | ARBUTU: | | 13d INSIDE (| NO 🔯 | | ADDRESS / Elm Ri | | | 21 | 229 | |
| 1 | | HER'S NAME | | | | 3 | | S MAIDEN NA | | THE RES | uge r | ave. | | | |
| 1 | | FIRST | | MIDDLE | COLLE | T T TNIC | 7 | FIRST | | MIDDLE | | | TRU | | |
| 4 | lán W | HENRY AS DECEASED EVER | IN U.S. AR | MED FORCES? | 16b SOCIAL SE | LLING CURITY NO. | 17 INFORM | MELIA | | ADDRE | SS | | IRU | ME | |
| 1 | (YE | S, NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 215 07 | E770 | NIANICAL | COULTE | TNC 1 | 027 D | T.WIII | AT DOM | D | 212 | 27 |
| - | - | NO | | | <u> 215–07</u> | | INANCY | SCHILL | TING T | 03 / IX | WINTO | | | MATE INTI | ERVAL |
| ŀ | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter on AS CAUSE | ly one couse per D BY: | Da. d. | / | 100,6 | | | | | BET | WEENO | NSET AN | D DEATH |
| 1 | | | IMMEDIAT | E CAUSE (o) | Curan | ac A | must | | | | | | | | |
| | - 1 | | | DUE TO, O | R AS A CONSEC | DUENCE OF | | 1-1 (| 0.0 | 1- | | | | | |
| 1 | | Conditions, if ony, gove rise to imr | | (b) | Acute | My | rocare | ral v | angas | ac lion | 1 | | | | |
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| 1 | | AT WORK AT WO | | | | | | | | | 3 1/4 | -5410 | 1.0 | 198 | |
| 1 | | 220.1 certify that (1) | (this hospi | tal) attended th | e deceased from | m | | , 19 | , to | | | . 19 | | hot (I) | (we) lost |
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| | 15 | BURIAL | | 7/29/ | 85 | LOUDON | PARK C | EMETERY | | LTIMOF | Œ | COUNTY | | MAR' | YLAND |
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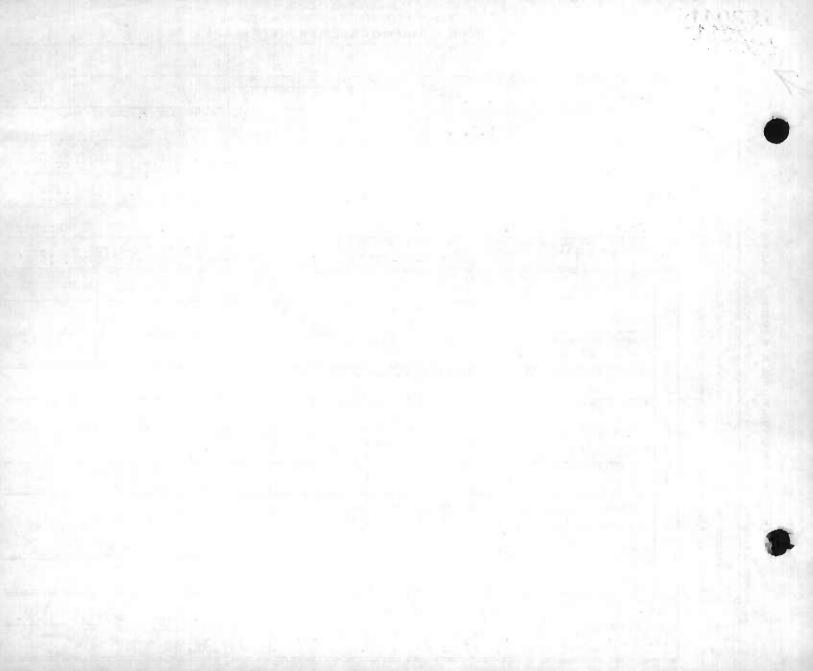
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| | | | | | | | | | MARYLAN | | | | | | |
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| | 200. | 131 | 18 CAUSE C | F DEATH (Enter | | | | | | | 40/15/06 | | BETWEE | OXIMATE I | AND DEATH |
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| EC | HOULD BE EXE SRD "PENDING CHIEF MEDICA! USED AS A BU OF HEALTH AL | CERTIFICATION | | | | | mellitu | | | | | | | | |
| - A | A HERE | ₹ S | 19a DATE OF | OPERATION | 19b. | CONDITIO | N FOR WHICH | OPERATION | WAS PERFORA | MED? | | | 20 AU1 | TOPSY? | |
| Ę. | SHOULD OND "P | E | | | | | | | | | | | YES | s 🗆 | NO X |
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| Z | SHE SEE | ¥ | UNDERLYING | OR OR | | P.M. | | YEAR 9 | | | | | | | |
| DIVISION OF VITAL RECORDS, | SHOT SHOW | MEDICAL | 214 INTURY | OCCURRED | | PLACE OF | | | LOCATION | | | | HOLDS | | |
| 2 | S S S S S S S S S S S S S S S S S S S | A | WHILE [| NOT WHILE AT WORK | 51 | TREET, FACTOR | Y. FARM, ETC.) | | STREET | | CITY OR TO | WN | COUNTY | | STATE |
| | NAP VAP | | AT WORK | AT WORK | | | | | | | | | | | |
| | ANNER: THIS CERTIFICATE SHE FICATE, WRITING THE WORE CTOR, PAGE 3 SHOULD BE U THE STATE DEPARTMENT OF TAND, 21201 PRIOR TO BURI | | 22a I cert | ify that I took ch | arge of the rem | noins describ | bed above, held | on Au | apsy . | Inspection | , Inquiry | M ond in m | y opinian | | |
| | SC ST ST | | deoth result | red from: No | turol causes | We h | cident . | Suicide | , Hamici | ide . | Undetermined mo | anner . | | | |
| | ARY ARY | | | 11. | 77 | Y 1 | 00 | 100 | TITLE (SP | | | | | | |
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| | ZEX SERVICE | | SIGNATURE | | | 9 | 1 | 0 | M.D. | | MEDICAL EXAM | VINER SK | GNED | | |
| | S NOW T | | EXAMINER'S | NAME | Down | in D | Amiela | MD | | 111 | Donn Ct | Palto | MD | | |
| | TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P | | (TYPE OR PRI | | | IS F. | Smyth. | | ADDRESS | 111 | Penn St. | Balto | · M. | | |
| | E E C E < C | 23a. Bl | | rion, REMOVA | 135 DATE | E 400 | | | OR CREMATO | | 23d. LOCATION | | COUNTY | STA | TE |
| 07/B4 | BP | | | | July | 5,198 | 1 . | | Park | | | | Maryla | | |
| 25M | DHMH - 17 | | NERAL DIREC | | 1 | ADDRESS | Ва | Ito. | Id . 217 | So. DATE RE | C'D. BY REGISTRA | R 256 REGISTRAF | 'S SIGNATUR | E | |
| | (VR A15 ME (5)) | Mo | ccully | Funer | al Ho | me, 13 | 30 E.F | ort A | ve. | JUL | 03 1985 | THE REWELL | idoon-Par | ndelle | |
| | | The second second | | | | | | | | | | | | | |



| 1.3 | つるい仕工 | 1. | FOR STATE | | | PEPARTMENT | OF HEALT | H AND ME | NTAL HYGI | ENE | | | | |
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| | | | REGISTRAR | | MED | DICAL EXAM | IINER'S | CERTIFIC | ATE OF D | EATH | REG. N | 100 | 6 | i |
| | / | | CEASED NAM | E FIRST | | WIDDLE | | LAST | 3 | 2a. DATE | KNOWN | MONTH | DAY YEAR | a 2b. HOU |
| _/ | BANKE: | (TYP | E OR PRINT) | Ther | 2022 | ANN | C | immona | | OF | ESTI- H MATED | - · | C /OF | |
| 7 | A CHOSE | 3 SEX | | 4. RACE | Is DATE OF BIRTH | a. AGE | | immons | F UNDER 24 HR | | | MONTH | 6/ 1985 DAY YEAR | 8 24 1101 |
| 1 | PA STATE | Fe | emale | White | Sept. 3, | YEAR LAST BE | YRS. | | HOURS MIN | PRONOL | JNCED | 7/ | 6/ 1985 | 3:00 P |
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| | STATE OF THE | | TY OR TOWN | | 11. NAME OF HOSE | | | | | | UPATION (TY | PE OF WORK 1 | Th KIND OF B | M |
| | PERSE | | | | (IF NOT IN SUCH FAC | ILITY, GIVE STREET ADDR | | | F | OR MOST OF WO | ORKING LIFE) | . Cui | nmings wagner | TRY |
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| 201 | 支9倍期 万 | 11a. S | TATE | JI3 COUL | NTY | 13c. CITY OR TOW | /N | 134 INSIDE CITY | LIMITS? 13e. S | TREET ADDI | | | | |
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| M MB | 1 - 2 F 17 | 14. FA | THER'S NAMI | | MIDGLE | LAST | - 3 1 | 15. MOTHER | 'S MAIDEN NA | WE | MIDDLE | | LAST | |
| W | 395220 | | Jerom | e | Α. | Simmo | ns | | Wendy | | L. | | | arker |
| WO | Magna / | Iáa V | VAS DECEASE | DEVER IN U.S. AF | RMED FORCES? | 166. SOCIAL SEC | JRITY NO. | 17. INFORMA | ANT | | ADDRES | S | | |
| ALT | FAT AND | No | | (# 163, 61 | E WAR OR DATES | 212-78- | 4735 | Jer | ome Sim | mons | Glen H | oods10 | de Terr | 21861 |
| - 15 | NA PAR | | 18 CAUSE C | F DEATH (Enter o | nly one cause per line | far (a), (b), and (c) | 1 | | | | | | APPROXIMA | TE INTERVAL |
| 10 | SEN CHE | | PARTIDE | ATH WAS CAUSE | ED BY: | | | e Injur | ies | | | | BETWEEN ONS | ET AND DEATH |
| 0 | ENCIL IN ITE MINER ALO TRANSII PE ENTAL HYGIE OR REMOVA | | 8/ | IMMEDIA | ATE CAUSE (o) | AS A CONSEQUEN | _ | 3 211) 0.2 | | | | | | |
| 20 | WITHIN SINCIL IN AINER A AINER A TRANSIT VITAL HY OR REMO | | Canditia | ns, if any, which | 1 | | | | | | | | | |
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| | 25.45.50 | | | | (c) | | | | | | | | | |
| RECORDS | SHOULD BE EXECUTED V DRD "PENDING" IN PER CHIEF MEDICAL EXAM E USED AS A BURIAL- IT OF HEALTH AND MEN URIAL, CREMATION, O | Z | PARI 2 DINER SI | GNIFICANT CONDITION | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE | TERMINAL DISEA | SE OR CONDITION (| GIVEN IN PART 1 (a). | | | | | |
| 2 | MED AS A REALTH CREATE | CERTIFICATION | 19a. DATE OF | OPERATION | 19h CONDIT | ION FOR WHICH C | PERATION | WAS PERFORM | FD? | | | | 20 AUTOPSY | v2 |
| ₹ | A PUSE - SE | FIC | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| > | CERTIFICATE SHOUTING THE WORD DED TO THE CHIEF E 3 SHOULD BE USE COPPARTMENT OF THE PROPERTY O | ERT | 210 EXTERNA | AL CAUSE WAS | 216 TIME OF | INTERV | 21, 6 | OW INTERPO | CCURRED (ENT | CD MITTING OF | | | YES 🗆 | NO X |
| 0 | A T T T S C | D | LINDERLYING | X OP | HOUR A.M. | MONTH DAY | EAR I | | assenge: | r in s | 11+0/21 | 1to CO | llision | 1 |
| Ö | SA S | 2 | 21d. INJURY C | | DEATH 12: 20M | PM // 6/ 19 | | DECL P | asserige | T THE | auco/ ac | 400 00. | 1110101 | |
| DIVISION | VRITING THANDED TO GE 3 SHOULTE DEPARTI | MEDICAL | | | | DRY, FARM, ETC.) | | STREET | | CITY OR T | OWN | COUN | TY | STATE |
| ۵ | WRI WARE AAE | - | AT WORK | ATWORK | ro | adway | Yor | k Rd. | & Texas | Lanfi | lll Rd. | ., Cocke | eysvill | le,Md |
| | ATE, DRV | 1 | 22a. ì certi | fy that I took char | ge of the remains desc | ribed abave, held a | n Autor | osy . | Inspection X | , Inquiry | | nd in my apin | unn. | |
| | NN CHANGE | 1 | death result | ed fram: Natu | oral causes . | Accident X | Suicide | . Hamicia | le . Une | determined n | | , , , | | |
| | CERTIFI CERTIFI ULD BE DIRECT WAR | | | | An I | | | TITLE (SPE | | , , , , , , , , , , , , , , , , , , , | | | | |
| | AL ALDON | | ACTUAL SIGNATURE | 7 | < /// | | | , | istant _m | EDIC 11 EV. | | DATE | 7/7/8 | 85 |
| | SEATE SEATE | 2 | allest to the | | 0.0 | | | n.b | <u> </u> | EDICALEXA | MINER | SIGNED | | |
| | A SHE SHE | | EXAMINER'S (TYPE OR PRI | NAME Gree | gory R. Ka | uffman, M | I.D. | ADDRESS | 111 | Penn S | St. | | | |
| | TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALITINORE, MAR. | 23n BL | JRIAL, CREMA | TION, REMOVAL | | | | OR CREMATOR | | LOCATION | | | | |
| 07.0 | | B11 | rial | | 7/10/85 | | | morial | C | ITY OR TOWN | ville | Carr | | Md. |
| 07/84 25M | BP | | | TOR | | | | | | | | | | |
| | DHMH - 17 (VR A15 ME (5)) | 16 | LOY M. | & Kusse | 11 C. Witzl | ke Funera | Home | S P.A. | JIII O | Q 10QF | 1. Sil | wendow | _ Nanoas | - |
| | (4K WID IME (2)) | 10 | JO LIGHT | OHOSOH W. | venue, cati | ous attre, | rid. Z | 1220 | OOL O | 0 150 | N | | | |



| OTHER OF MINITEDITIES | | | | | | | | | | |
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| DEPARTMENT | OF HEALTH | AND MENTAL | HYGIENE | | | | | | | |
| CEI | RTIFICATI | OF DEATH | | | | | | | | |

| OF DOATH MONTH DAY YEAR 2010UR 19, 198 6:15 INYEARS LAST BIRTHDAY) IF UNDER 1YEAR IF UNDER 24 HEBS B7 YRS TIMORE CITY OR COUNTY OF DEATH 1timore City, MILL OCCUPATION F WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b KIND OF BUSINESS OF INDUSTRY |
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| F WORK FOR MOST OF WORKING LIFE! INDUSTRY |
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| REET ADDRESS / ZIP CODE O1 N. Lakewood Avenue21217 |
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| CITY OR LOWN COUNTY STATE |
| coursed on the date and hour and from the causes stated |
| TOR PHYSICIAN |
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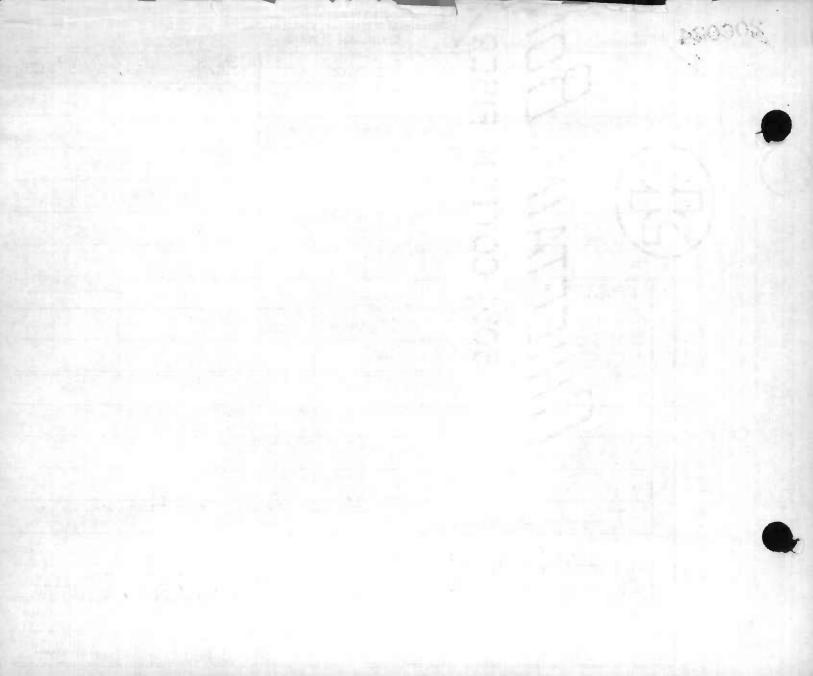
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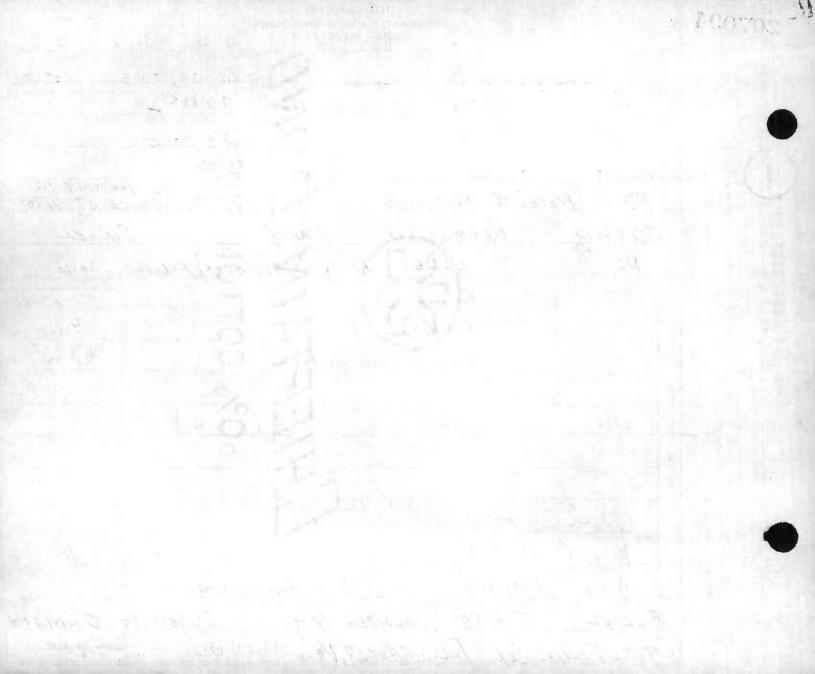
William C. March F/H 1101 E. North Ave.

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.



| 300A | 1 | | | STATE OF MARYLAND | | | | | | | | |
|---|---------------|---|---|------------------------------------|--|---|--|--|--|--|--|--|
| 207094 | 1 | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | | | | | | |
| Nove | | STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 5 NO. | 9 / 6 3 | | | | | | |
| | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | | | | |
| 1 75 | (TYP) | OR PRINT) | M. | | | 205 | | | | | | |
| 4 64 | 1. SE | CHKIST | PACE PACE | SINCER IS BATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | 185 D6:24PM | | | | | | |
| 4 34 | 1 | M | 1/11/: 76 | TUPE 21. 1985 | 3 WEEKS | MONTHS DAYS HOURS MIN. | | | | | | |
| A 11 44 | / | RTHPLACE INTANIONION 76 | CITIZEN OF WHAT COUNTRY? | | | TV OF BEATU | | | | | | |
| 1 30 76 7 | | RTHPLACE THAT DEFOREST | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | BALTIMORE CITY OR COUNT | IT OF DEATH | | | | | | |
| 1 11 1 | | 110. | D.2.H. | WIDOWED DIVORCED | BALTIMORE C | TTY MD. | | | | | | |
| 1112 | Porc | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET A | G HOME OR OTHER INSTITUTION | TYPE OF WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR INDUSTRY | | | | | | |
| d I VI | BA | LTIMORE /TH | TE JOHNS HOPK | INS HOSPITAL | BABY | | | | | | | |
| 計画がかり | USU tile | AL RESILIENCE OF HURSING HOME OF OF | GIVE RESIDENCE BEFORE | ADMISSION) 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP COL | FREDERICK MD. | | | | | | |
| 9 1 100 | MAL | MD. FREDE | RICK FREDER | CK YES NO D | 1133 PROVIDE | ENCE CT - 21701 | | | | | | |
| E # 12 1/4 | 14. F. | ATHER'S NAME | lest 0 LAST | 15. MOTHER'S MAIDEN NA | | | | | | | | |
| # # 1 11 /10/ | | STEDHEN | KASMUSSE | (MANCH | MIDDLE | SINGEL | | | | | | |
| # 4 1 1 1 h | | NAS DECEASED EVER IN U.S. ARME | D FORCEST 166 SOCIAL SECU | | ADDRESS | 0 // - 02/ | | | | | | |
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| 5 00 11 11 | | Tu course or provide a | | | DINGERY TULL | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| m 0 1401 | | 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I | BY. Real De | 4.7 | | O-24hrs | | | | | | |
| 5 | | IMMEDIATE | CAUSE IOI DIOCH ID | | | STAFF | | | | | | |
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| 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | Conditions, if any, which gave rise to immediate | (b) T UMBLE | racial Pressure | | ruays | | | | | | |
| 2 mm 2111 | | couse to stating the underlying couse fast | DUE TO, OR AS A CONSEQUE | NCE OF | | 6 8043 | | | | | | |
| 3 4 5 5 5 | | didenying code liber | group E | Shep pleaningles | | 0 0043 | | | | | | |
| G - 6 161 6 | 12 | PART 2 OTHER SIGNIFICANT CO | nditions <u>contributing to d</u> | EATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION G | IVEN IN PART 1 a | | | | | | |
| B 1 14 1 | CERTIFICATION | | | | | | | | | | | |
| 1 4 4 6 7 | CA | IN DATE OF OPERATION | | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF Y | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? | | | | | | |
| 2 21 20 0 | 1 | More | none | | YES NOW | YES NO | | | | | | |
| 3111110 | 1000 | OR CONTRIBUTING TO CAUSE OF DEATH | HOUR A.M. MONTH DA | Y YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2} | | | | | | |
| \$ Q. 1911/ | 13 | THE STATES HOUSE ASSESSMENT OF SEXTE | P.M. | 19 | | | | | | | | |
| 0 49 448 6 | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | | | |
| N Of This | 2 | WHISE OF HOT WHISE OF | TALLOWE STREET FACTORY, OFFICE FO | ikm, etc.) | 1 4 | | | | | | | |
| 9 4 4 6 6 | | 22s I certify that (I) (yes hospital | attended the deceased fram | July 15 19 ES | to July 16 | . 19 85 , that (1) last | | | | | | |
| E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | saw the deceased alive on | July 16 19 8 | 5 , and that in (my) apinian | death accurred on the date and ho | our and fram the causes stated | | | | | | |
| 1 2 2 1 1 | | 224 SIGN ATURE | new the body timer seath. | DEGREE | | 22c DATE SIGNED | | | | | | |
| 01 050 = | 0 | thus C A | 1 let | MD ATTENDING | MEDICAL STAFF | 7/16/20 | | | | | | |
| # 10 m 10 Z | 1 | 224 PHI SICIAN'S NAME ITHEORY | | PHYSICIAN [| DIRECTOR PHYSICIAN | 1,000 | | | | | | |
| SE 554 F | 10 | Harry C. D. | Pietz MD | bline the | Fine Macx | | | | | | | |
| 0 2 2 5 3 | 100 | Thirty C. D | | Volvius 170pi | The Houp, | | | | | | | |
| | 730 | BURIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR THUNN | COUNTY STATE | | | | | | |
| BP | | DURIAL | 7-21-85 5 | AUNDER CEM. | DALEVIL | LE LNDIAZA | | | | | | |
| DHMH - 16 60M 7/84 | 24 F | NERAL DIRECTOR | C ADDRESS. | / | TE REC'D. BY REGISTRAR 256. REGIS | STRAR'S SIGNATURE | | | | | | |
| (VRA 15, 4) | 6 | APITOL FUNELAL | DEK TALLS | CHURCH, VA. JU | L 1 9 1900 Mayor | | | | | | | |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

Connelly Funeral Home of Dundalk

236. DATE

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burja

Baltimore. MEGISTRAR 256 REGISTRAR'S SIGNATURE

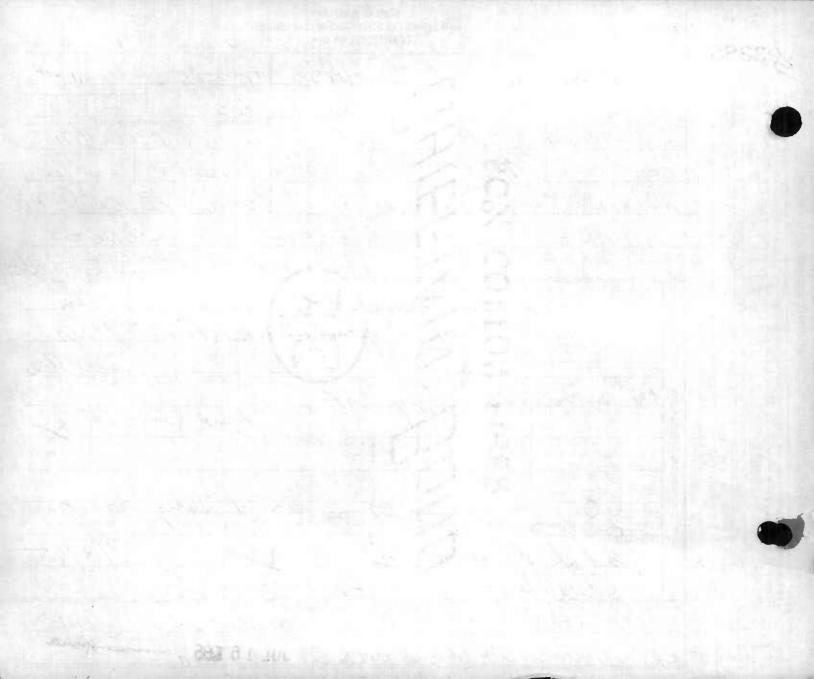
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23d LOCATION CITY OR TOWN

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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| DADTMEN | 7.05 | 211 | | | ALD. | BAFAIT |

AL HWOIGHT

| 1- | - STATE REGISTRAR | | DEPA | CERTIF | ICATE OF DE | ATH | 8 | FG. NO. | 1 9 | 1 | 6 6 | |
|--|---|---|----------------------------------|--|---|-----------------------|---|------------------------|-------------------|--------|---------------------------|--|
| | CEASED NAME FIRST | | MIDDLE | 1 | AST | | 2a DATE O | 112-011-101 | DAY Y | EAR | 2b HOUR | |
| (TYPE | MILOT | CISS | T. | SLE | TER | | | 7 | 188 | 5 | 1835 M | |
| 3 SE | X | 4 RACE | | 5. DATE C | | | 6. AGE (IN | YEARS LAST BIRTHDAY) | IF UNDER | | IF UNDER 24 HRS HOURS MIN | |
| _ | FEMALE WHITE | | | MONTH DAY YEAR | | | 73 YRS. MONTHS DATS HOURS | | | | | |
| JEBIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. | | | RY? 8. | RIED NEVER MARRIED 9 BALTIMORE CITY OR COL | | | | | JNTY OF DEATH | | | |
| P | 1 | | WIDOWE | IDOWED DIVORCED | | | BALTILLONE City MI | | | | | |
| 1 | | 1). NAME OF I | HOSPITAL, NUR | SING HOME C | DR OTHER INSTITUTION 120 USUAL OCCUPATION | | | | | | F BUSINESS OR | |
| 1 | ltimore | Sicon | HOSPITAL, NUR | T. 62r | 1433C | | Cash | k for most of worki | Gra | nts | | |
| 13e. S | ALA | OTHER INSTITUTION. TY | GIVE RESIDENCE BE | FORE ADMISSION) | 13d. INSIDE CIT | Y LIMITS? | 13e STREET | ADDRESS / ZIP C | | 34) | 21225 | |
| 14) FA | ATHER'S NAME | AIDDLE | 1241 | | 15 MOTHER'S | MAIDENNA | WE | MIDDLE | | | | |
| / | Frederick | NIDDIE | Burdet | t | Gui | ZTYZL | SCA | WIODIE | | Ab | ar | |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT | | | | | | IT | | ADDRESS | | | | |
| 1 | YES NOOR UNKNOWN} (IF YES, GIVE | WAR OR DATES | 21636 | 7775 | Fred | W. Sla | ter | Same as | 13e | | | |
| | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) ACLUTE MYOCARIANIZ IN FARCT DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| CERTIFICATION | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | | |
| | 198 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORM | | | | MED | 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO | | | | | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | | F INJURY M. MONTH M. | DAY YEAR | 21c HOW INJU | JRY OCCURI | RED (ENTERN | ATURE OF INJURY IN ITE | M 18 PART I OR P. | ART 2) | | |
| MEDICAL | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY REET, FACTORY, OFFI | CE, FARM, ETC) | 21f LOCATION STREET | 4 | | CITY OR TOWN | cour | MIA | STATE | |
| | 22a.1 certify that 11 (this hospital) attended the deceased from 19 , and that in (my) (our) apinion death accoursed on the date and hour and from the causes stated | | | | | | | | | | | |
| | 77k SIGNATURE | | 0 | | | TENDING HYSICIAN [| MEDICAL DIRECTOR | STAFF PHYSICIAN | _ | DATES | 8 85 | |
| | 22d. PHYSICIAN'S NAME (IVE OF PRINT) DE ZEE | | | | 3001 | S. | Har | DENOL | Ba | 7. | MD. | |
| 23o. E | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 7/22/3 | 85 | | ill Cem | | 23d. LOC | ation Balto | AOUNAY | | SM'd | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as with the State Dept. of Health IMPORTANT: If them 21 is marl

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md 250, DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE INC.

AOUNAY.

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The state of the party regularized and per a recommendation of the state of the sta

J. J. hele eddte v 15 32 . L.U. U. U. Shotfgrall 0 3 0 TO IT with x it, x of equivariants.) I C . 21 . od tel . 01 10 trantion 7/4/2 estriew Co.et.I; uc ''o ao u 1 - o.c, ic. vor. c.

| | 1. | FOR STATE REGISTRAR | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 56. NO. 1 9 / 6 | | | | | | | | | | | | | |
|---|---------------|---|--|---|---|--------------------|------------|---------------------|---------------------|-------------------|-----------|--|----------------------------------|--|--|--|--|
| 21,20,20 | | CEASED NAME OR PRINT) | JOHN | V | MIDDLE | SMA | LWOO | D | 20. DATE O | _ | 7 Q | a VEAR | 25 HOUR / | | | | |
| ge 4 may ector. pog is after d | 3. SE | Male | | 4 RACE | lite | 5. DATE OF | BIRTH | YEAR 32 | 6 AGE (IN | 53 | | IF UNDER 1 YEAR | | | | | |
| death Pa | | RTHPLACE (STATE | OR FOREIGN | V.S. A | WHAT COUNTRY | MARRIED WIDOWED | | MARRIED | | Atimor | | WC | | | | | |
| by the fu | Baltimore, MD | | | | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LINY, OF MD. Hospital | | | | | | | 120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIFE) Machine operator Library | | | | | |
| filled in hould be | 130 | MD | 136 COUN | | 13c. CITY OR TOV | more | YES 🗹 | NO [| 1924 | ADDRESS / Z | ON A | E/212 | .23 | | | | |
| ompletely ond 2 s | | GEORG | E | | SMALLW | 000 | M | S MAIDEN NAMERST | ME | WIDDLE | | BARI | NES | | | | |
| | | VAS DECEASED EV | | WED FORCES? | 216-28- | | olna. | Jy. S | necho | ADDRESS | 1254 | Alexan, | en the | | | | |
| hat the death certificate by the attendance physics see remove or benefit to the condition of the remove other trains of the certification. | | Conditions, if p gove rise to cause (a), sto underlying co | I WAS CAUSEI IMMEDIAT ny, which immediate ating the | DUE TO, O | line for 101, (b), o Metasto R AS A CONSEQU R AS A CONSEQU | tic 1 | ung c | ancer | | | | 1 | XIMAIE INTERVAI | | | | |
| requires the signed. Then plea injury, or | NOI | | | | ONTRIBUTING TO | DEATH BUT N | OT RELATE | D TO THE TERM | INAL DISEAS | E OR CONDI | TION GIVE | N IN PART 1 | 10 | | | | |
| The low in | CERTIFICATION | 19a DATE OF OPE | | 196 COND | ITION FOR WHICH | OPERATION | WAS PERFO | DRMED | 200 AUTO | | | | INGS USED S OF DEATH? NO [| | | | |
| ING PHYSICIAN. T oftending physicial wifer this certificate os the buriol-transit in and Mental Hygi orked or them 18 sh | MEDICAL CE | 210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N 21d. INJURY OCCI WHILE NOTIFY N AT WORK | CAUSE OF DEA | P. | m. month d m. | 19 | 211 LOCATE | | RED (ENTERNA | ATURE OF INJURY I | | COUNTY | STATE | | | | |
| ATTENDIN ospitol or of CTOR: Aft of for use os of Health | | 11.20 | | | | | | | | | | that (II (we) last e couses stated | | | | | |
| AL OR the hor DIRE letoche Dep ote Dep Tr. If then | | 226 SIGNATURE | one | Br | ada | ex i | 22e ADDRES | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIA | NO | 7/e | RESIGNED | | | | |
| HOSPIT ned by FUNER IId be of the Str | | 1 | | 7 | 1/10 | 0 | | wa me 's | 1. | Ho- | - 1 | 0/ | | | | | |

COUNTY

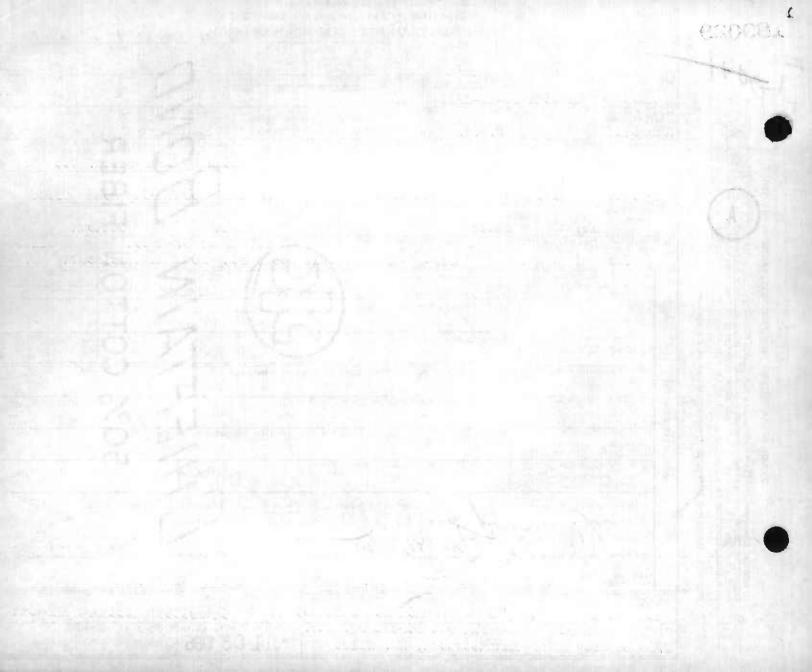
STATE

DHMH - 16 60M 7/B4 (VRA 15, 4) INERAL DIRECTOR

BP.

JEDSTA TO THE WAY the last transfer of the last

| 1 | | | | | | | | | AARYLAN | | | | | | | | |
|--|---------------|-----------------------------|-------------------------------------|---|--------------|-------------------------------------|----------------|-------------|------------------|---------------|---|------------------|----------------|---------------|------------|---------------------------|-----------------------------|
| 400000 | | OR | | | | | MENT OF | | | | | | | | | | |
| 189029 | F | EGISTRAR | | | ME | | EXAMIN | IER'S | CERTIFIC | CATEO | F DEA | TH5 | REG. | 40. | 1 | 0 | y |
| | | EASED NAME | FIRST | | | WIDDLE | 150 | | LAST | | | 2a. DATE OF | KNOWN ESTI- | CX MON | TH DAY | Y YEAR | 76 HOUR |
| - 54 | | | Albe | ert | L | ee | | | Smith | | - | DEATH | MATED | | 7 : | 2 19 85 | ^ |
| 一大店里 | 1.5EX | | 4. RACE | S. DAT | OF BIRTH | YEAR | 6 AGE (IN Y | | | IF UNDER | | 20 DATE | | MON | H DA | Y YEAR | 2d HOUR |
| L XXXXX | -1 | Male | Caucasio | 202 10 | -20-1 | | | RS. | HS DAYS | Hours | MIN | PRONOU! DE AC | | | 7 | 2 1985 | 1:45 |
| 33 E 2 E 2 E 2 5 | 7a BIR | THPLACE (ST | | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED 9 BALTIMORE CITY OR CO | | | | | | | | | Y OR CO | | | | |
| 日本の作品ファ | | ry land | | 1300 | U.S.A | | | | VED D | DIVORC | 2000 | Ra 1 | ltimo | re C | i tv | | 440 |
| Name of the second | | YORTOWN | OF DEATH | | ME OF HOS | PITAL, NU | RSING HOM | | | | | | | | RK 12b. 1 | KIND OF BI | USINESS |
| A HOUSE | 1 | Baltim | nre / | | | such facility, give street address) | | | | | FOR MOST OF WORKING LIFE) Police Officer-Balt | | | | | | TRY |
| THE PART OF | | RESIDENCE | | | | VE RESIDENCE | BEFORE ADMISS | ION) | | | | | - | 1 - Da | 040. | crug | |
| R 5055854 | 13e ST | | Balt | | | | or town | -01 910 | 13d INSIDE C | | 13e STRE | 3 Woo | ESS odanz | 21110 | Road 21133 | | 177 |
| - T | - | ryland THER'S NAME | | umore | | nari | aaris | σωνι | | NO CO | | S WOO | oaspi | ring | поаа | . 411 | .00 |
| TEAS V2 | 7.0 | FIRST | | MIDDLE | y | | LAST | | IS. MOTH | FIRST | | - | AIDDLE | r | 7 | LAST | |
| 8 3 50 | I to VA | | Ohn DEVER IN U.S. A | | mith | 144 500 | IAL SECURI | V NO | 17 INFOR | MANITAA | Sara | | T ADDRE | | nkno | | 11100 |
| ME REPORT OF | YE | S, NO, OR UNKNO | WN) (IF YES, GIV | E WAR OR D | | | | | | MANIMYS | | | | | 11 . | | 1133 |
| SA | | Yes | | W 2 | | | 20-590 | 13 | 8613 | Woods | sprun | ig Roc | aa F | landa | llst | | |
| DURS DURS 18. (7) MIT. H E, DI | | 18. CAUSE O | F DEATH (Enter of ATH WAS CAUS | inly one co | | | | | | | | | | | Bf | APPROXIMAT ETWEEN ONSI | TE INTERVAL ET AND DEATH |
| PRESTON ST TITHIN 24 HO CIL IN ITGM 1 VER ANSIT PERM AL HYGIENE. REMOVAL. | - | | | ATE CAUS | L (U) | | oscler | _ | cardi | Lovasc | cular | dise | ease | | | | |
| PRESTO | | e luc | 9 123 | | DUE TO, OR | AS A CON | ISEQUENCE | OF | | | | | | | | | |
| PRES NEW YEAR | | | ns, if any, which ie to immediat | | (b) | | | | | | | | | | | | |
| 201 W. UTED WI IN PENCEXAMIN IAL-TRA-TRA-TRA-TRA-TRA-TRA-TRA-TRA-TRA-TRA | | cause (a) lying cau | stating the under | ī.) [| DUE TO, OR | AS A CON | ISEOUENCE | OF | | | | | | | | | |
| 0 D=W=00 | | 7,9 | 20.000 | | (c) | | | | | | | | | | - | | |
| | | PART 2 OTHER SI | GNIFICANT CONDITION | S CONTRIBUT | ING TO DEATH | BUT NOT RELA | TED TO THE TER | MINAL OISEA | E OR CONDITIO | N GIVEN IN PA | RT 1 (e). | | | | 1 | | |
| TAL RECOF | CERTIFICATION | | | | | | | | | | | 10.0 | | | | | |
| AL RI DOULD DOULD SED AF HE. | CAT | 19a. DATE OF | OPERATION | | 196 CONDI | TION FOR | WHICH OPE | RATION V | AS PERFOR | RMED? | | | | | 20 | AUTOPSY | 1? |
| VITA SHOOK VORD VORD NT OF BB RIA | Ē | | | | | | | | | | | | | | | YES 🗌 | NO X |
| CERTIFICATE SH TITING THE WOR DED TO THE CP DED TO THE CP DEPARTMENT OF PRIOR TO BUR | CER | | L CAUSE WAS | | TIME OF | | DAY YEA | 21c. H | OW INJURY | OCCURRE | DIENTER | NATURE OF IN | JURY IN ITEM | 4 18 PART 1 C | R PART 2) | | |
| N SELECTION AND A SELECTION AN | MEDICAL | CONTRIBUTION | OR CAUSE OF | DEATH | P.N | | 19 | | | | | | | | | | |
| DIVISION S CERTIFIC RITING T REDED TO SE 3 SHO! TE DEPAR! | EDI | 21d INJURY C | | | 21e PLACE | OF INJURY | | | CATION | | | CITY OR TO | nash! | | COUNTY | | STATE |
| | 2 | AT WORK | NOT WHILE | | SIREET, TAC | TORT, PARM, E | 10) | | STREET | | | CITTORIO | , win | | COUNTY | | STATE |
| HER: THI CATE, W FORWA OR: PA(ND, 213 | | 22n Loortii | y that I took cha | rae of the | ramount dis | cribed abo | ve helden | Autor | | Inspectio | . V | Inquiry | | and in m | y opinion | | -80 |
| A T T T T T T T T T T T T T T T T T T T | | death results | | ural causs | Trans. | Artent | | vicide [| Homa | | _ | ermined m | | | yopinion | | |
| RATIFIED BE | | deam resum | 1/2 / | arai cooss | 777 | A content | 10 (| olcide L | | | Undere | erminea m | onner L | ٦, | | | |
| Z S S S S S S S S S S S S S S S S S S S | 83 | ACTUAL & | 16011 | 1131 | 78 | Dres | 42 20 | les . | ASSI | etant | | | 275 | DA | TE | 7/2/ | Q5 |
| SEA SEA | 1 | SIGNATURE, | | CON | 1 | 0 | | ^ | I.D. <u>M351</u> | .Stant | MEDI | ICAL EXAM | MINER | SK | GNED | 1121 | 03 |
| WED A STATE | | EXAMINER'S (TYPE OR PRIN | | Den | nis F | . Smv | th, M. | D. | ADDRESS | 111 P | enn : | St. | Balt. | O.MD | | | |
| TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIT BATKIMORE, MARYLAND, 2 | | | TION, REMOVAL | | | | NAME OF CE | | | | 1934 10 | CATION | | | | | |
| | (SE | Burio | | 7/5/ | | | uid R | | | | CITY | LOCAL | 1110 | Ba1+ | 1 mor | e Mai | yland |
| 07/84 BP | 24. FU | NERAL DIKE | ¹⁰ Loring | R1101 | es Fin | eral | Direc | tors. | Inc. | 25e. DATE | REC'D. BY | REGISTRA | AR 25h RE | GISTRAR | 'S SIGN | ATURE | 3 - 50.00 |
| DHMH - 17 (VR A15 ME (5)) | 07 | NAME 28 T.The | erty Roa | A P | mandata | stan | MD | 2773 | 3 | 1,111 | L 03 | 3 1985 | 5 96 | lia Da | ridson | - The la | PR. |
| (C) JIVI C1M MV) | 01 | O TITUE | in ug nou | 110 | riscute t | J JOWI | 5 110. | 2220 | _ | 00 | - 00 | | 10 | | | | |



STATE OF MARYLAND DEPAR

| TMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH | ENE 8 | REG. NO. | 1 | 9 | 1 | 7 | |
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| 2 | 4 moy be | or, page 3 after death |
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| ND 21201 | 24 hours after | filled in by the ould be filled w |

ould be detached for until the State Dept. of H. PORTANT: If them 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE.

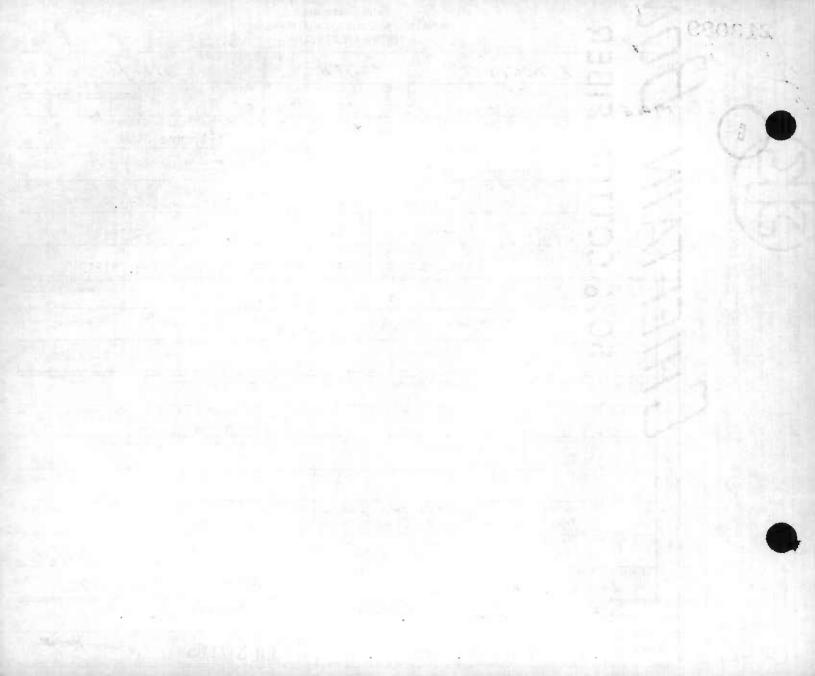
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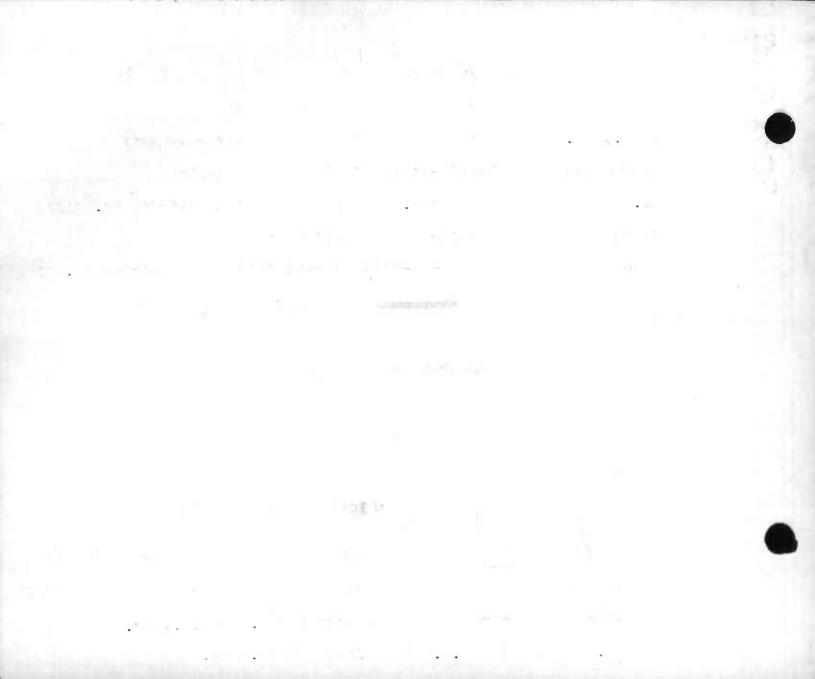
DHMH - 16 60M 7/84 (VRA 15, 4)

| 1. D | ECEASED NAME FIRST | ٨ | AIDDLE | ŁAST | | 20 | DATE OF DEATH | MONTH | DAY YEAR | 126 HOUR |
|---------------|---|-------------------------|------------------------|----------------|----------------|----------------|-----------------------------|-------------|-----------------|----------------------------------|
| (1) | PE OR PRINT) | RNOLD | | SMI | 174 | | | 7/1 | 8/35 | 6:301 |
| 3. S | SEX | 4 RACE | | 5. DATE OF BIR | | | AGE (IN YEARS LAST E | IRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 1 | TALE | BIACI | k | 8 . | | 33 | 5/ | YRS | MONTHS DAYS | HOURS MIN |
| Ja. | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED S | NIEVER MARK | 9 | BALTIMORE CITY | | Y OF DEATH | |
| M | aryland | USA | | WIDOWED | DIVOR | | Baltim | ore C | ity | Λ. |
| 10 | CITY OR TOWN OF DEATH | | OSPITAL, NURSIN | | HER INSTITUT | | USUAL OCCUPA | | | F BUSINESS C |
| B | altimore | | n Hospita | - | | | Labere | | , | |
| US 13g | UAL RESIDENCE (IF NURSING HO) | ME OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | NSIDE CITY L | IMITS? 13 | STREET ADDRESS | / ZIP COI | DE | |
| M | aryland | | Baltimor | | X NO | | STREET ADDRESS 3521 Oakm | ount | Ave. 212 | 215 |
| 14. | FATHER'S NAME | MIDDLE | LAST | 15. A | OTHER'S MA | IDEN NAME | WIDOLE | | LAS | 17 |
| 9 | Wilton | | Smith | | Sarah | | J. | | Smith | |
| 160 | WAS DECEASED EVER IN U.S. | S. ARMED FORCES? | 166 SOCIAL SECU | | VFORMANT | | ADD | | | |
| | No | | 213-28-3 | 206 L | ois Sm | ith 35 | 21 Oakmou | nt Av | e. 21215 | 5 |
| | 18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA | AUSED BY | line for (a), (b), and | PTIC | S | HOCK | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | IMME | DIATE CAUSE (0) | | | | | | - | | |
| | | DUE TO, OF | R AS A CONSEQUE | NCE OF JAJE | 11101 | 116 | | | | |
| | Conditions, if ony, which | | | 1-1000 | 714011 | - / - / | | | - | |
| | cause (a), stating the | 10000,01 | R AS A CONSEQUE | NCE OF | | | | | | |
| | DADE O CEUEN CICALISICA | (c) | TABLET IN C TO S | | DELL'IED TO | 7115 750 110 1 | | | | |
| Z | PART 2 OTHER SIGNIFICA | INT CONDITIONS CC | NIKIBUTING TO L | PEATH BUI NOI | RELATED TO | THE TERMINA | AL DISEASE OR CO | NDITION G | IVEN IN PART I | 0 |
| ¥ × | 190 DATE OF OPERATION | 19b CONDI | TION FOR WHICH | OPERATION WA | S PERFORME | D | 200 AUTOPSY? | 20b. IF Y | ES, WERE FINDI | NGS USED |
| CERTIFICATION | | | | | | | YES T NOT | | IFYING CAUSES | OF DEATH? |
| - E | 210. ACCIDENT WAS UNDERLYIN | | | 21c. | HOW INJURY | Y OCCURRED | (ENTER NATURE OF IN | | | NO [] |
| 137 | OR CONTRIBUTION CAUSE O | OF DEATH | M. MONTH DA | Y YEAR | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXA | 21e PLACE (| | | LOCATION | | | | | |
| A | WHILE NOT WHILE AT WORK | AT HOME STR | EET, FACTORY, OFFICE F | ARM ETC) | STREET | | CITY OR | NWO | COUNTY | STATE |
| | 22a.1 certify that (I) (this I | nospital) attended the | e deceased from | 2 7/ | 2 1 | o ST | to 7/1 | 8 | 19 07 | that (I) (we) la |
| | sow the deceased aliv | e on 7// | 8 10 | , ond tho | t in (my) (our |) opinion dea | th occurred on the | date and ha | | |
| | obove, (I) (we) (did) (did) 27b. SIGNATURE | N | | DEGR | EE | | | | 22c. DATE | SIGNED |
| | X | edure, | d. € | mos os | | | MEDICAL ST DIRECTOR PHYS | AFF | - 7/ | 18/4 |
| | 22d. PHYSICIAN'S NAME | TYPE OR PRINT} | | 72e | ADDRESS | | 1 | | | 701 |
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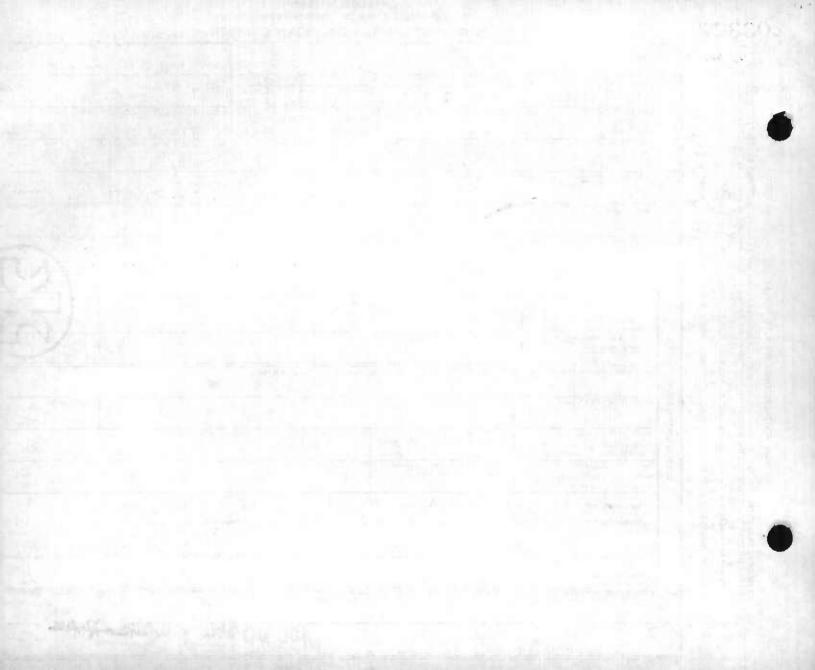
24 FUNERAL DIRECTOR William C. Brown 1206-08 W. North Ave. JUL 3 0 1985



| | | | | STATE | OF MARYLAND | | | |
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| 18058 | DECEASED NAME THE | | 771 | | | | | |
| eo th | SOSS I - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX Male Jo. BIRTHPLACE (STATE COUNTRY) Balto., In CITY OR TOWN OF GALT IN CITY OR TOWN OF COUNTRY II. FATHER'S NAME FRAT FAWAR C (YES, NOOR UNKNOWN III. DEATI Conditions, il gave rise to couse (a), st underlying co PART 2 OTHER'S PART 2 OTHER'S | | A | SIU3 SV | with | | 7 31 | 85 11:15 PM |
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| me in the | 13a. S | TATE 13b COU | INTY 13t. CITY (| OR TOWN | YES 🔣 NO 🗌 | 4506 Fa. | | d. 21216 |
| and 2 s | | | Smit | h | Elizabet | . h | | ŁAST |
| Pages | 16a V | VAS DECEASED EVER IN U.S. A (IF YES, G) (IF YES, G) | - F | | | | Fairfax | X Rd. 2123 |
| s been signed by the emit. Then please remuse e prior to buriol, cremo is any injury, ar affer it. | -ICATION | cause (a), stating the underlying cause last | (c) Veral | N'CULAN ING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | 20h IF YES, WER IN CERTIFYING | E FINDINGS USED CAUSES OF DEATH? |
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| with Wilder | 23a. | BURIAL CREMATION, REMOVA | | | EMETERY OR CREMATORY thedral Ce | 23d LOCATION | COU | |
| 1 - 16 50M 4/83 VRA 15, 4) | 24 F | UNERAL DIRECTOR | r & SON F.H | ADDRESS 4600 | | ATE REC'D. BY REGISTRA 16.2 A V 1985 | RISSIREGITARIS | SIGNATURE |



| 31111 | | FOR | N | | E OF MARYLAND BEALTH AND MENTAL HYG | TEMP | |
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| 031 | 1- | STATE REGISTRAR | DI CONTROLLE | | ICATE OF DEATH | RED. NO. | 9 7 7 2 |
| J. | (TYPE | CEASED NAME FIRST OR PRINT) ARRIE SMITH | MIDDLE | | LAST | 7/30/85 | DAY YEAR 26 HOUR 3130 M |
| hours offer deoth e. | 3 SE | | 4 RACE | S. DATE (| H) DAY) YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) 5 2 YRS | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATE HOURS MIN. |
| lied of oace. | 70 BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | INTRY2 8 | D NEVER MARRIED | 9. BALTIMORE CITY OR COUNT Baltimore City | |
| Self- | В | TYOR TOWN OF DEATH | 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI University | VE STREET ADDRESS) Hospital | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 126, KIND OF BUSINESS OR INDUSTRY |
| AP | 13a. S | AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN | NIY 13c CITY (| CE BEFORE ADMISSION) OR TOWN imore | 134 INSIDE CITY LIMITS? YES NO 1 | 13e STREET ADDRESS / ZIP COD 862 Bethune Ro | |
| 300 | | Wilmon VAS DECEASED EVER IN U.S. AR | Olive | AST AL SECURITY NO. | Anna 17 INFORMANT | souri | |
| nedic | | | E WAR OR DATEST | 64-9744 | | 862 Bethune Rd. | APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEATH |
| ne prior to buriol, cremotion, or rei ws ony injury, or other troumatic e | CERTIFICATION | Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A COI (b) End DUE TO, OR AS A COI (c) M(| Stage Cor NSEQUENCE OF Wal Valv NG TO DEATH BUT VIAL TO | e Msease NOT RELATED TO THE TERM 17.11ahon W/ Ra | MINAL DISEASE OR CONDITION GI PICT VENTYICAL ICLY 200 AUTOPSY? 100 IF YE IN CERT | |
| or Hem 18 show | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 101000 | TH DAY YEAR | | RED (ENTER NATURE OF INJURY IN ITEM 18 | |
| rked or h | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY | | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| Hem 21 is ma | | 22a I certify that (I) (this hospi saw the deceased alive on obove, (I) (wei (did) (did no 22b. SIGNADURE | +/29 | 19 85 | | death accurred an the date and ha | |
| F. | | 22d. PHYSICIAN'S NAME ITYPEO | e DR PRINT | | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 7/30/85 |
| MPORTANI | | A. URIB | e | | 22 S. Gree | | ore, hol. |
| _ | (| URIAL, CREMATION, REMOVAL SPECIFY) Burial INERAL DIRECTOR | 236 DATE 8/2/85 | | n Forest VA | 236 LOCATION CITY OR TOWN Owings Mil | |
| OM 7/B4 , 4) | | n. C. March F/H | 1101 E. No. | rth Ave. | 25a D | 100 S. 1689 31 166 | JEAR'S SIGNATURE AND THE |



| etained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detacked for use as the burial-transit permit. Then please remove carbanpopers. Pages f and 2 should be filled within 72 hours after death | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 20 hours after death. Page 4 may be |
|---|--|
|---|--|

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 207071 - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS SMIT Charles 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX HOURS LACK MONTH DAYS YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? ZOUNTRY) MARRIED NEVER MARRIED Baltimore, City USA Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR BOTH SECULT STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Md. 13b. COUNTY Balto. 13e.SIREEI ADDRESS / ZIP CODE 767 Carroll St. 21230 13d. INSIDE CITY LIMITS? YES K NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Maggie Boyer Charles Smith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-32-3997 Henrietta Smith 767 Carroll St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) nde cardibic PART I. DEATH WAS CAUSED BY: aple IMMEDIATE CAUSE (0) DHE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART T OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ō COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET 0 WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the decaysed the on above, (1) (wf) (d)d not) view the body after death. opinion death occurred on the date and hour and from the causes stated and that in (my) DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 100 MPORTANT 22e ADDRESS NAME (THE ORPHINE) NIONTH 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY (SPECIFY) Burial 7/16/85 Mt. Auburn Cem. Md Westport 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25 PREGISTRAR'S SIGNATURE

Chas .A. Rice FSPA 1300 Eutaw Place.

Mark Division 7 , see the Land of the THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND 214101 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OF PRINTI Ellsworth 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS MONTH aucasian 16 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Md. U.S.A. more WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH S. Baltimore General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
Shipping clerk Publicity Co. UAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3c CITY OR TOWN 13d INSIDE CITY LIMITS? 940 First Ave. Md. Brooklyn 21225 A.A. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Adeline Miller Smith Joseph Baltimore Md. 166 SOCIAL SECURITY NO 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 218 10 4027 1 Estero Place 21220 Linda Johnson 18 CAUSE OF DEATH (Enter only one couse per line for to 1, (b), and (c) PART!. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pseudomonas Conditions, if ony, which gove rise to immediate couse (o), stoting the Myeloma and Adenocarcinoma Unknown underlying couse lost NO CERTIFICAT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO I 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 50 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC) rked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from July 27 sow the deceosed alive on July 27 obove, (I) (we) (did) (did not) view the body after death 19 55, and that in (my) (our) opinion death occurred on the date and hour and liam the causes stated 226. SIGNATURE 220 DATE SIGNED ATTENDING Id be deto the Stote PHYSICIAN MPORTANT 230 BURIAL, CREMATION REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Cedar Hill Cemetery Brooklyn Mt. BP 4001 Ritchie Hwy. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 George J. Gonce Baltimore Md. lia Davidson (VRA 15. 4)

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| | | T DE | CEASED NAME | FIRST | | MIDDLE | LAST | | Zo. DATE | KNOWN X | | DAY YEAR | 76 HOU |
| | ×1.921(| 16 | PE OR PRINT) | arrett | | | Smi | th | OF DEAT | H MATED | | 3/ 1985 | 1 |
| | A DE LE | 3. SE | 4 RACE | 5. DA | ATE OF BIRTH | YEAR LAST BIRTHO | ARS IF UNDER | 1 YR. IF UNDER | | | MONTH | DAY YEAR | 24 HOU |
| | NECESSARY, PLEASE UNERAL DIRECTOR S FOR YOUR FILES WITHIN 72 HOUN V PRESTON STREET | | M B | | 10 13 | 01 | RS. 8 | DAYS HOURS | MIN PRONOL | | 7/ | 3/ 1985 | A |
| | RAIL NE STAN | 7a. B | IRTHPLACE (STATE OR DREIGN COUNTRY) | 7b C | ITIZEN OF WHA | T COUNTRY? | 8. MARRIED | NEVER MARRI | IED X 9. BALTI | MORE CITY O | RCOUNTY | OF DEATH | |
| | FUNERAL 5 FOR W W PREST | | MD | | USA | | WIDOWED | DIVORC | | altimor | | У | M |
| 1 | E E E E E | 10 C | ITY OR TOWN OF DEATH | | | TAL, NURSING HOM ITY, GIVE STREET ADDRESS) | E, OR OTHER IN | ASTITUTION | 12a. USUAL OCC | | E OF WORK | OR INDUST | USINESS TRY |
| (1 | 3 4 4 5 | | Baltimore | Jo | ohns Hop | kins Hosp | ital | | | | | | |
| 100 | AGES 1, 2, AND THE REST PARTY | 13a S | AL RESIDENCE (IF IN MURSIN TATE MD | COUNTY | R INSTITUTION, GIVE | Baltimor | 13d. | INSIDE CITY LIMITS? | 13e ST9000 | E. Faye | ette S | t. 2. | 1231 |
| E, MD. | PM 3. | 14. F. | ATHER'S NAME FIRST Gregory | MIDD | DLE 4 | Marshall | | MOTHER'S MAIDE Chanay | EN NAME | WIDDLE | | Smith | |
| MON | TER DE PAGE ES IN ON | | WAS DECEASED EVER IN | | | 166. SOCIAL SECURIT | | NFORMANT | | ADDRESS | - | | |
| BALTIMORE, | URS AFTER I 8. GIVE PAC WITH FORM IT. PAGES 1 DIVISION C | 1 | (ES, NO, OR UNKNOWN) I IF | YES, GIVE WAR OR | DATES) | N/A | | Joyce Sm | ith 19 | 00 E. F | ayett | e St. | |
| | 0-05H. | F | 18 CAUSE OF DEATH (| Enter anly and CAUSED BY: | | | IT DEATH | I CANDDON | AC | | | APPROXIMA BETWEEN ONS | |
| W. PRESTON ST. | NUTHIN 24 HOU ENCIL IN ITEM 18 MINER ALONG I TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL. | | IA. | AMEDIATE CAL | 300 (0) | DDEN INFAN | | 1 SYNDRUM | 1E | | - | | |
| RES | HIN NSIT NSIT NSIT EMC | -8 | Conditions, if any | | DOL 10, 011 A | o A CONTOCOUNCE | | /7 I E | | | | 100 | |
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| 201 | UTED WITHI EXAMINER EXAMINER HAL-TRANS O MENTAL DN, OR REA | | lying couse last. | | (e) | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 | EXECTING TO BURNET | , | PART 2 OTHER SIGNIFICANT CO | INDITIONS CONTRIB | UTING TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR C | DNDITION GIVEN IN PA | RT 1 (a) | | | | |
| EC | MED AS AS CRE | CERTIFICATION | 19a, DATE OF OPERATIO | DN. | TIBL CONDITIO | ON FOR WHICH OPER | B 2 A VAC I A COLT A S | EDEOD44ED2 | | | | | |
| 3 | SHOULD ORD "PE CHIEF A E USED A TOF HE | 15 | I DATE OF GLERATE | | 17% CONDING | DIA FOR WHICH OFE | KATION WASP | EKFORMED? | | | | 20 AUTOPS | |
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| Oisi | SH SH | MEDICAL | 214 INJURY OCCURRED | | 21e PLACE OF | INJURY (AT HOME, | 211 LOCATI | ON | | | - | | |
| 20 | F. THIS CERTIFICATE SHOULD E. WRITING THE WORD "PER RWARDED TO THE CHIEF M ACCES SHOULD BE USED A STATE DEPARTMENT OF HEA 7, 21201 PRIOR TO BURIAL, C | X | WHILE NOT WE | HILE | STREET, FACTOR | RY, FARM, ETC.) | STREET | | CITY OR I | OWN | COUR | ITY | STATE |
| | ATE, T ORW HE ST VD, 22 | | 22a I certify that I to | ok charge of th | ne remoins descri | bed above, held an | Autopsy | X, Inspection | n . Inquir | y . an | d in my opi | nion | |
| | EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: VITH THE: | | deoth resulted from: | Natural cou | XX. A | ccident, St | vicide , | Homicide . | Undetermined i | nanner . | | | |
| | DISCORDED IN THE PROPERTY OF T | | ACTUAL | 1 | m | | | ITLE (SPECIFY) | | | | | |
| | NEW PERSON | 1 | SIGNATURE | A | 1 | | M.D | Assistan | L_MEDICAL EXA | MINER | DATE | 7/4 | /85 |
| | MEDICAL EXAMINER; ECUTE THE CERTIFICATE GE 4 SHOULD BE FOR FUNERAL DIRECTOR: FREDEATH WITH THE SHOULD BE AND THE | 1/ | EXAMINER'S NAME | | D | | | | 111 0 | 01 | | | |
| | TO MEDI EXECUTE PAGE 4 TO FUNE BALLING | 720 0 | (TYPE OR PRINT)URIAL, CREMATION, REM | | | iffman, M. | | | 111 Pe | | | | |
| 07.0 | | 130.6 | Burial | | /8/85 | Cedar H | ill Cem | etery | Glen B | urnie | COUNT | Y 5 | MD |
| 07/84 25M | BP | 24. F | UNERAL DIRECTOR | | | | | - | REC'D. BY REGISTA | AR 256 REGI | STRAR'S SIC | SNATURE | |
| | DHMH - 17 (VR A15 ME (5)) | W | m. C. March | F/H 1 | 101 E. | North Ave. | | JUL | 09 1985 | jus. | استاخات | - Handell | - |

| | | | | STATE OF MAKTLAND | | |
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| 203393 | 1. | STATE REGISTRAR | | CERTIFICATE OF DEATH | 0 1 | 5 7 7 1 |
| | | | | | B DEG. NO. | |
| | | OR PRINTI | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
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| 8 34 | 3. SE | nn | 4. RACE | 5. DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| * 60 | 1970 | MAR | N/ | 89 15 | 1 / 9 | DATS ROOKS MIN. |
| 2 12 | 7. D | RTHPLACE ISLATE OF FOREIGN | 2) CITIZEN OF WHAT COUNTRY | 1 1 10 363 | YRS. | OF DEATH |
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| 1 11 00 | - | 2017.000 | LIF NOT IN SUCH FACILITY, GIVE STREET | | (TYPE OF WORK FOR MOST OF WORKING LIFE | |
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| 3 5 2 A B | | | OTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) | | 7177 5 |
| \$ 33 FCA | 130 3 | TATE OLL O- 13b COUR | | 12127 | 13 STREET ADDRESS / ZIP CODE | 12-4-11-95-14 |
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| 東海洋でま | > | 18 CAUSE OF DEATH (Enter or | nly one cause per line for (a), (b), an | dic | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 4 4 4 4 4 | | PART I. DE ATH WAS CAUSE | / / / / / / | lige ougst | | 1:30-5:30 |
| | r | 0 19 9 IMMEDIA | TE CAUSE (a) | 7C | | |
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| 5 Ch 5 A | ĕ | C9-01. | spund wa | which of made | in as valored | mary |
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| F 9 4264 | CERTIFICATION | 21a ACCIDENT WAS UNDERLYING | 216. TIME OF TUURY | 21¢ HOW INJURY OCCUR | | |
| A T S S T III | 11/52/11 | OR CONTRIBUTING CAUSE OF DE | | AY YEAR | | (KI I ON PART 2) |
| Yo tot | 3 | IF EITHER NOTIFY MEDICAL EXAMINE | | 1984 110 M V. | Whole becult | |
| Se sale | MEDICAL | 21d INJURY OCCURRED 2 | 21e PLACE OF INJURY | 211 LOCATION | | |
| 事章 年 2 章 中 G | 25 | NOT WHILE | (AT HOME STREET, FACTORY OFFICE | FARM ETC.) STREET ? | CITY OR TOWN | COUNTY STATE |
| 21 484 1 / | 100 | AT WORK | | | | |
| 90 319 500 | | 220 1 certify that (1) (this hosp | tal) ottended the deceased fram_ | 18 11 | , ta | 19 11, that (It (we) last |
| 単名 Q 8 元 二 / / | | saw the deceased alive | | and that in (my) (our) opinian | death accurred on the dote and hour | and from the causes stated |
| A S TO TO S | | | t) vew the bady after death. | | | |
| 告告 医毛足革 | | 226. SIGNALITA | · 11 - | DEGREE | | 221 DAYE SIGNED |
| 34 342 | | Jone | 1 Venne | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 17/11/45 |
| E 4 8 3 8 3 5 - | | 224 PHYSICIAN'S NAME (TYPE C | AURIN I | 220 ADDRESS | J. Marchan L. Marchan | 11100 |
| HOS SHOW | | SAM. A T | - Jesain. | 1000 | . S C | 100 200 |
| F 5 7 6 5 8 | | a Winner | Mac | LIVE There IY | is now of coerse h | With Liver, Soll |
| 52 5413 | 23a. F | URIAL, CREMATION, REMOVAL | 23b DATE 23c.1 | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | |
| | 130. | SPECIFY) 21/PION | 1 10 1/10/ | 100 . 1000 | CITY OR TOWN | COUNTY |
| BP | | POVICIFIC | 101-1600 6 | OH KLISON FORES | 1 ISHCIMIORE | InD. |
| DUMU 14 4044 7 7 | 24 FI | INERAL DIRECTOR | | 25e. DAT | | |
| DHMH - 16 60M 7/84 | 6 | COMIL VITHE | MAI EU 180RESS | 11) RAMA ST 11 | 11 1 6 1985 She | revidoon-gandales |
| (VRA 15, 4) | 1 | 100000111011116 | NO 1.17. 1713 | W. MICH. | 7 10 1000 | |

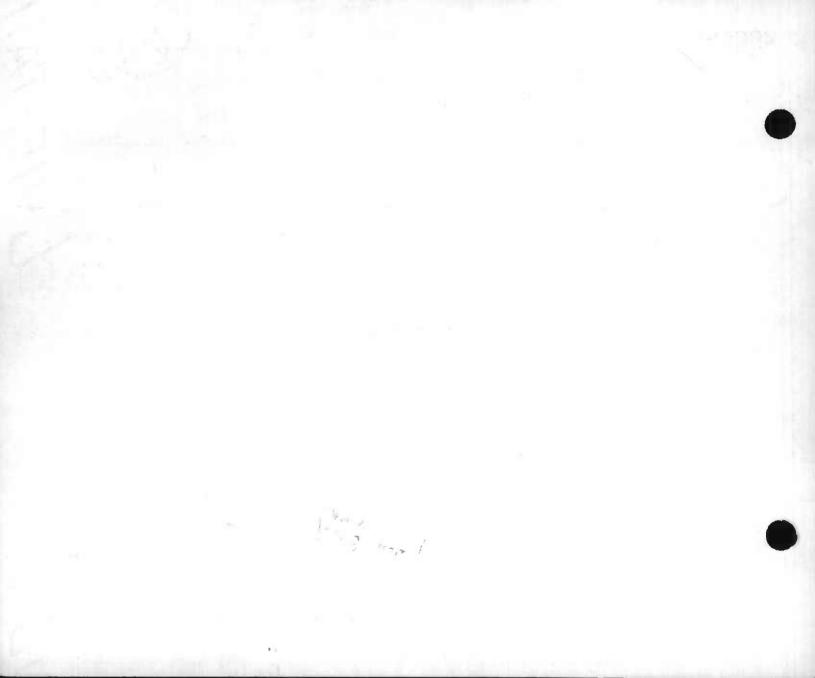
118-4-76 THE THEORY OF THE PARTY OF THE The second states and the second my figer in mediante man had been to be the He and alabel of in 1 - 1/2 Training the same of the same Will T the wall and proved more a board will Market Armenda and the State of the Control of the State of the State

| 005 | 1- | FOR STATE REGISTRAR | | DEPARTM | | ALTH AND A | MENTAL HYG EATH | IENE SEG. N | o. 1 | 9 1 | 7 8 | | |
|--------------|---------------|---|--|---|---------------|-----------------------|-----------------------------|--|---------------|------------------------------------|----------------------------|--|--|
| | | CEASED NAME FIRST HEF | RBERT | DLE | SM | ITH | | JULY 02 | | DAY YEAR | 26. HOUR , 06:40A | | |
| 718 | 3. SEX | | 4 RACE | | 5. DATE OF | DAY | YEAR | 6 AGE (IN YEARS LAST BIR | | MONTHS DATE | AR IF UNDER 24 HRS | | |
| 8 2 | Ja Bi | Male RTHPLACE (STATE OR FOREIGN OUNTRY) | Black 76 CITIZEN OF WH | IAT COUNTRY? | 8 MARRIED | 4 ⋈ever N | 1930 | 55 BALTIMORE CITY O | | | | | |
| 30 | | aryland TY OR TOWN OF DEATH | USA . | SPITAL, NURSING | WIDOWED | DIV | ORCED [] | BALTIMON | | _ | MD. OF BUSINESS OR | | |
| 33 | 27.13 | LTIMORE | THE JOH | HNS HOL | KINS | | | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic | | | | | |
| 13/2 | 13a S | aryland | DUNTY 13 | Baltimo | re | 3d. INSIDE CI | NO [] | 130.STREET ADDRESS | | | 205 | | |
| SOC | J | THER'S NAME FIRST | | mith | | Viol | | Ro y | | ı | LAST | | |
| e medicu | . (1 | | GIVE WAR OR DATES) | 220-22-3 | | Denise | | h 1516 Homb | | | | | |
| ended. | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI | i only one couse per line USED BY. DIATE CAUSE (a) | | 40pg | lmon | ary | arrest | | | NONSET AND DEATH | | |
| reamodic | | Conditions, if any, which | ((b) | DUE TO, OR AS A CONSEQUENCE OF Ung concer | | | | | | | e your | | |
| of crem | | cause (0), stating the underlying cause fost | DUE TO, OR A | S A CONSEQUE | | | 0 | | | | | | |
| or to builti | NOI | PART 2 OTHER SIGNIFICAL | NT CONDITIONS <u>CON</u> | TRIBUTING TO D | EATH BUT N | OT RELATED | TO THE TERM | INAL DISEASE OR CON | DITION GI | VEN IN PART | 1:0 | | |
| Zonson | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH (| OPERATION | WAS PERFO | RMED | 200 AUTOPSY? | IN CERT | S, WERE FIND IFYING CAUSE ES | DINGS USED ES OF DEATH? | | |
| em 18 sh | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. | MONTH DA | Y YEAR | 21c HOW IN. | JURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM 18 | PART I OR PART 2) | | | |
| rked or h | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 218 PLACE OF | INJURY FACTORY, OFFICE, FA | | 211 LOCATIO STREET | N | CITY OR TO | WN | COUNTY | STATE | | |
| 21 is mo | | 22a I certify that (I) (this he saw the deceased alive abave, (I) (we) (did) (did | on 7/2 | 19 | 7/- 5, ond | that in (my) | , 19 \$5 (aur) opinion (| , to | ate and ho | ur and from th | ne causes stated | | |
| VT. If Item | | 226. SIGNATURE B. | Mone, ne | 5 | | F | | MEDICAL STAI | | 72 DAT | SIGNED | | |
| with the Sta | | 22d. PHYSICIAN'S NAME (1) | uce Kon | JE | | Tol | ns t | topleins | Hos | pital | | | |
| \$ | 23a. B | urial, CREMATION, REMOVE Burial | 7-6-85 | | Holle | | | 23d LOCATION CITY OR TOWN | Balt | imore, | Md. STATE | | |
| 50M 7/84 | | INERAL DIRECTOR | 1206_88 4 | I North | Ava | | | REC'D. BY REGISTRAR | | / | ~ | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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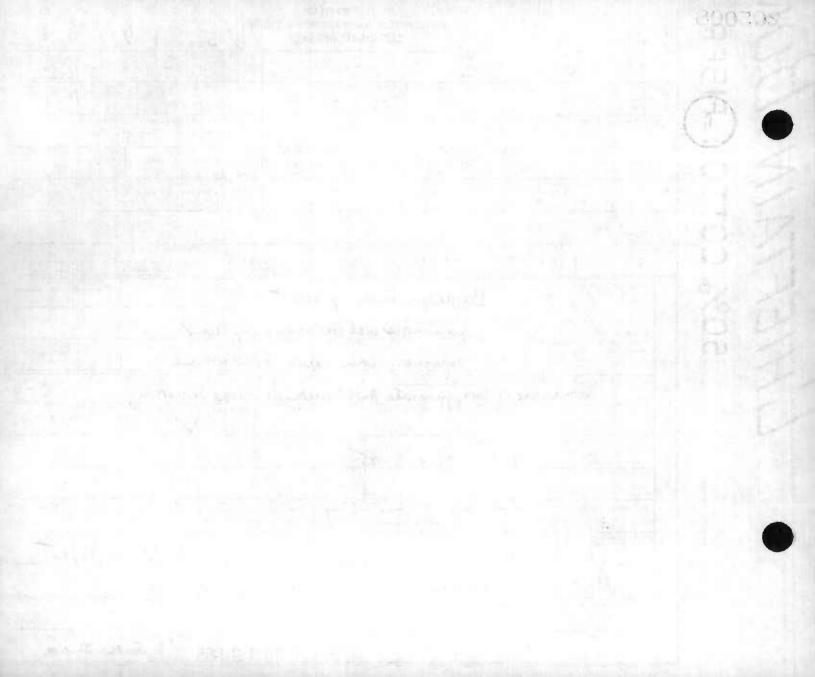


1901 Fastern Ave

DHMH - 16 60M 7/84

(VRA 15, 4)

& Zeiler Inc.



218049

| STATE OF MARYLAND |
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DEPARTMENT OF REALTH AND MENTAL HYCIENE

| | 1 - | STATE REGISTRAR | DEI ART | CERTIFICATE OF DEATH | | | 8 SREG. NO. 1 9 / 8 | | | | | 3 |
|------|--|---|--|----------------------|-------------------------------|------------------------------|---------------------|---------------------------|-----------|---|-----------|----------|
| | | CEASED NAME FIRST OR PRINT) | MIDDLE | | LAST | 2a. DATE | OF DEATH | MONTH | DAY | YEAR | 2b. HOL | JR |
| | | Mary Frances | | | | July 30, 1985 | | | | | M | |
| | 3 SEX | | 4 RACE 5. DAT | | 0. 0 | | | | IF UNDE | IF UNDER TYEAR IF UNDER 24 HRS | | R 24 HRS |
| | Female | | Black | | 23 15 | 70 YRS. | | | | HOURS | MIN. | |
| | 78. BIRTHPLACE (STATE OR FOREIGN 76 | | 76 CITIZEN OF WHAT COUNTRY? 8. | | D NEVER MARRIED | NEVER MARRIED 7. BALTIMORE C | | E CITY OR COUNTY OF DEATH | | | | |
| 9 | Maryland | | U.S.A. | ED X DNORCED | Baltimore City. | | | | | | MD. | |
| | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME | CEP - | 12a USUA | L OCCUPATION | N | 12b. | KIND O USTRY | F BUSIN | |
| | B | altimore | 1742 E. Madi: | son S | Street | | | | | | | |
| - | USUA | AL RESIDENCE (IF NURSING HOME OR) | WHER INSTITUTION GIVE RESIDENCE BEFORE | RE ADMISSION) | | La experi | ADDDECC (| 710 000 | , | | | |
| H | | arvland | TY I3 CHYOR TOV | | 13d. INSIDE CITY LIMITS? | | ADDRESS / | | | C.L. | 0.1 | 205 |
| - | | THER'S NAME | IDdICIII | ore | 15 MOTHER'S MAIDEN NA | | Z_E | Madi | son | SE | -/- | 205 |
| | | | AIDDLE LAST | | FIRST | | MIDDLE | | | LAS | ī | |
| £ | | | | | Ada | | | | ope | r | | |
| | | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRE | SS | | | | |
| П | NO 218-09-3488 Cynthia Powell 1742 E. Ma | | | | | | | Mad | iso | n S | tree | |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), | | | | | | | 8 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) My Carolia D whoreline | | | | | | | | moute | | |
| | | IMMEDIAII | | 1000 | | 7 (100 | | | | | 1.00 | VK M. |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | 1042 | | |
| - | | Conditions, if any, which gave rise to immediate | D. Cerusa | | | | | | 3- | | | |
| 1 | | couse (o), stoting the | 100 | | | | | , | | | | |
| | | underlying couse lost. | in form | forman 100 | | | | | | <u> </u> | | |
| ۲ | | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERA | MINAL DISEA | SE OR CONE | ITION GI | VEN IN I | ART 1 |) . | |
| | o Z | anemi | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 20a AU | TOPSY? | 20b. IF YE | | | | |
| 7 | FF | | | | | YES 🗆 | NOL | IN CERTI | FYING C | AUSES | OF DEA | |
| - | ER | 71a. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 21c HOW INJURY OCCUR | | | | | PARI 21 | 1.0 | |
| 40.0 | | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH D | AY YEAR | | THE PERMIT | | | | | | |
| | EDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | | 19 | 1011 10 5 17 10 11 | | | | | | | |
| 7 | WED | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. | FARM, ETC.) | 21f. LOCATION STREET | | CITY OR TOV | VN | col | YINI | | STATE |
| | | AT WORK NOT WHILE | | | | | | 1 | | 1 | 0 | |
| | | 220.1 certify that Withis hospit | al) offended the deceased from | ् पा | . 19 | , to | 1 | 1 | 19_9 | | thot (I) | we) lost |
| | | sow the deceased alive on | 3exp 19_ | 84 | nd that in (my) (our) opinion | death occur | red on the da | te and hou | ur and fe | om the | couses st | oted |

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Stanley D. Madison, M.D.

5825 Moravia Road

Balto, Md 21206

BURIAL

230 BURIAL, CREMATION, REMOVAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

Md.

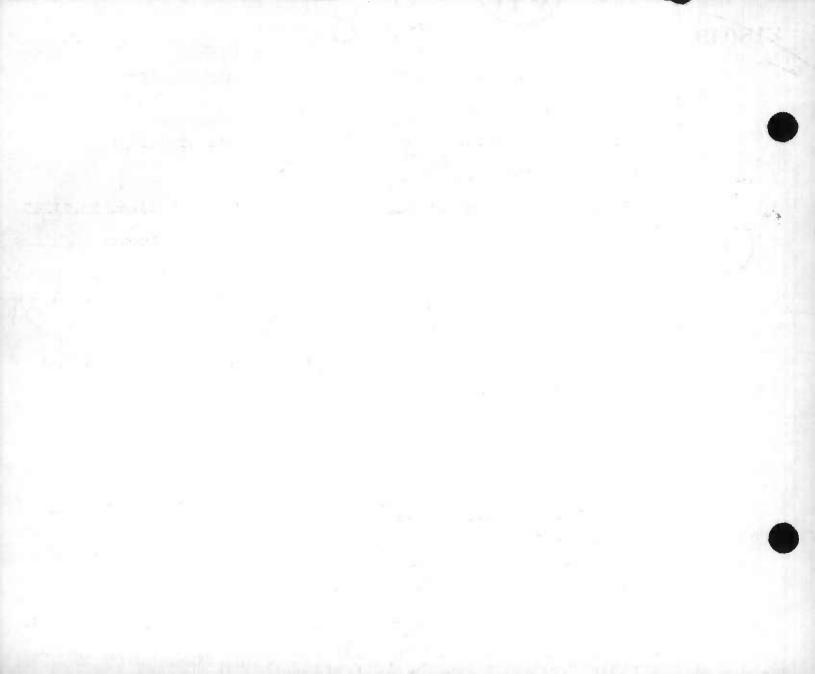
8/5/85 Mount Calvary Cem Ane Arundel Co.
BY REGISTRARIZSE. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

FOR

rine Davidson-Randalle

BP



njury, or other troumotic

IMPORTANT: If them 21 is

203287

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 5 | EG. NO. | 9/ | 8 4 | |
|---------------|---|------------------|-------------|--------------------|-----------------|--------------------------------------|---------------------------|--------------------------|--|-----------------|--|
| | EASED NAME | FIRST | ٨ | AIDDLE | I | AST | 20. DATE OF DEA | HTHOM HTA | DAY YEAR | 2b HOUR 3 | |
| THE | OR PRINT) | SUSAN | 1 | В. | | SMITH | | 7- | 6-85 | 9:07 M | |
| 390 | | 4. F | RACE | | 5. DATE C | | 6. AGE (INYEARS) | (AST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS | |
| | Female | III I | W | hite | Nov | | 91 | YRS | | MIN. | |
| | THPLACE STATE OR F | OREIGN 7b | CITIZEN OF | WHAT COUNTR | Y? 8 | D NEVER MARRIED | 9 BALTIMORE | ITY OR COUN | TY OF DEATH | | |
| CC | Missouri | | | ISA | WIDOWE | | Baltin | more C | city | MD. | |
| IO CIT | Y OR TOWN OF DEA | TH 11. | NAME OF | HOSPITAL, NUR | SING HOME C | OR OTHER INSTITUTION | 12a USUAL OCC | UPATION | 12b. KIND | OF BUSINESS OR | |
| | Baltimore | | Keswi | ck Hon | ne | •• | Secre | | | dical | |
| 13a ST | L RESIDENCE (IF NURS) | 136 COUNTY | | Baltin | NWC | 13d. INSIDE CITY LIMITS? YES X NO | 13e STREET ADD | ress / zip co loverhi | DE III Rd. | , 21218 | |
| I4. FAT | THER'S NAME | MIDE | | LAST | | 15. MOTHER'S MAIDEN NA | | DD. | | | |
| 300 | Charles | MIDE | DIE | Beach | | Susan | M | DDLE | Guthri | e | |
| | AS DECEASED EVER | | | 166 SOCIAL SE | | 17 INFORMANT | | AD 28231 | | a Avenue | |
| | S, NO OR UNKNOWN) | INF YES, GIVE WA | AR OR DATES | 212 32 | 1219 | Robert K. | White, | Balto. | | 21213 | |
| | 18 CAUSE OF DEATH (Enter only one couse per line for (a) 15), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). | | | | | | | APPRO BETWEEN | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| CERTIFICATION | 196 DATE OF OPERATION 196. CONDITION FOR WHICH OP | | | | ICH OPERATIO | | 20a AUTOPSY? 20b. IF YES. | | YES, WERE FIND TIFYING CAUSE YES [] | | |
| ER | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART | | | | | | | | | | |
| | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 | | | | | | | | | | |
| MEDICAL | 21d. INJURY OCCURE | | 21e. PLACE | | 19 | 21f LOCATION | | | | | |
| | WHILE NOT WH | INE C | AT HOME STR | EET, FACTORY, OFFE | CE, FARM, ETC) | STREET | CI | Y OR TOWN | COUNTY | STATE | |
| | 220 f certify that (1) this hospital) attended the 1/3/8/1, 19 , to 1/6 19 that (1) (iii) lost | | | | | | | | | | |
| | ond that in (my) our) opinion death accurred on the date and hour and from the causes stated above (t) ye vind idea nor year the party death. | | | | | | | | | | |
| | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE SIGNED | | | | | | | | | | |
| 15 | 22d. PHYSICIAN'S NA | AME THE OR PR | RINT) | | | 22e. ADDRESS | | | | | |
| | Philip D. Moore, MD | | | | | Keswick Home, Balto., MD | | | | | |
| | Philip D | · Moc | ore, A | | | Keswick H | lome, B | | MD | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212



| Avy Comment | 4 | | |
|---|--|------------|-----------|
| | | v. II | 2/14/1/A |
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| Secret ry | | cmo-livery | enominal |
| see Slovenill Re., 2121 | | Enltimone | MB SM |
| Cutho o Cutho Cutho o | raeue | no el | 1-1-1 |

212 30 1 17 Forest C. White, Balto., ND 212:0

Things. Woons, Wo service Fore, Elto., ND

Honry W. Jankins W. Sons Dr. 48.5 Years Drome Batter

DHMH - 16 50M 1/81 (VRA 15, 4)

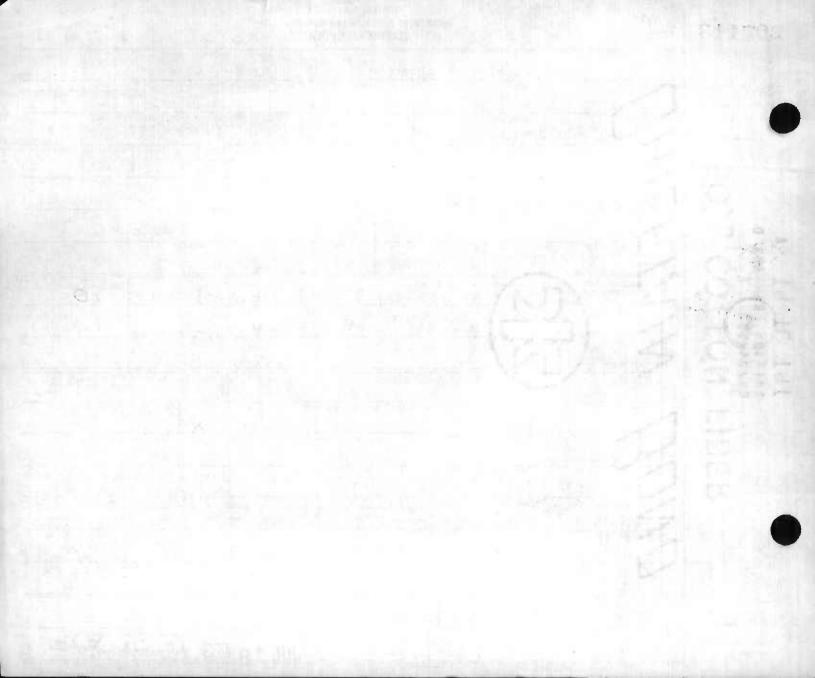
24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE in-Handler

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

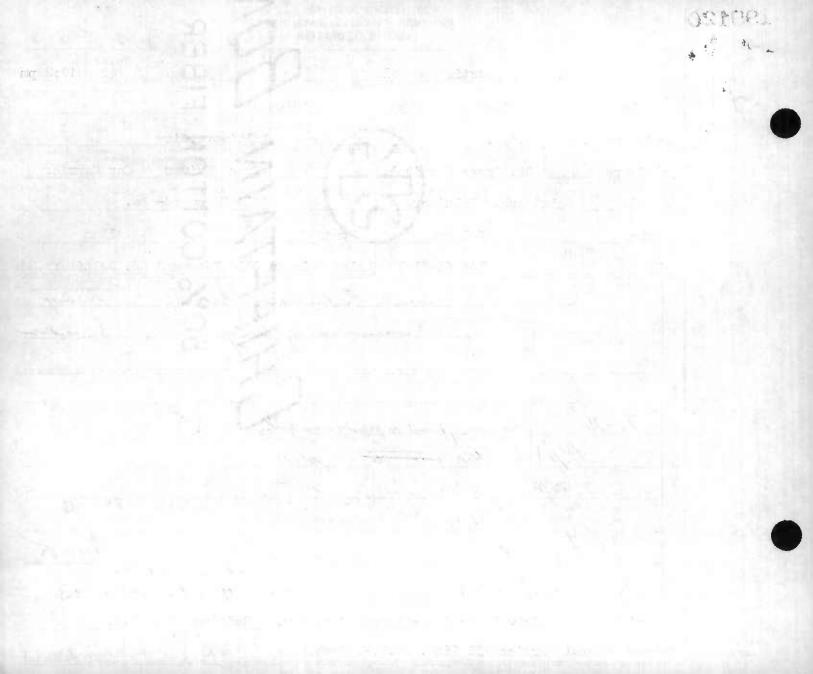
| 107113 | 1 - | STATE REGISTRAR | | DEI ARTI | | ICATE OF DEATH | R | G. NO. | 9 1 | 8 6 | |
|---|-------------|---|--|--------------------------------------|------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|------------|
| • | | CEASED NAME FIR | ST M | NODLE | i. | AST | 2a. DATE OF DE | ATH MONTH | DAY YEAR | 2b HOUR | - |
| poge 3 | 1111 | | ARBARA | D SM | ITSO | | JULY 1 | | | 12.40 | a m |
| of. p | 3. SE | | 4. RACE | | 5. DATE C | DAY YEAR | 6. AGE (IN YEARS | LAST BIRTHOAY) | MONTHS DAYS | HOURS MIN. | - |
| oge irrecte | 0 | female | white | | Augu | st 24, 1955 | 29 | YRS. | | | _ |
| deoth P | | RTHPLACE (STATE OR FOREIC DUNIRY) Maryland | USA | VHAT COUNTRY? | WIDOWE | | | ORE CIT | | MC |) <u>.</u> |
| rs ofter |) B / | ALTIMORE | THENSU | OH'N'SIVE SHED! | P°K°I N | ROTHER INSTITUTION S HOSPITAL | 12a USUAL OCC (TYPE OF WORK FOR assemb | MOST OF WORKING LIF | | of business or Lonics C | |
| n 24 hou | 13a S | Maryland A | county nne Arunde | 13c. CITY OR TOW! | 7 | | | RESS / ZIP CODE | le Road | d 20707 | |
| ompletely ond 2 si | | Melvin | | llen LAST | | 15. MOTHER'S MAIDEN NAM Nellie | MI | | erson 1A | 51 | |
| n ond c | | VAS DECEASED EVER IN U (ES, NO OR UNKNOWN) (IF NO | .S. ARMED FORCES? YES GIVE WAR OR DATES) | 212 64 9 | | Nellie Allen | | above | | | 3 |
| | | 18 CAUSE OF DEATH (ER PART I. DEATH WAS C | nter anly one cause per CAUSED BY: MEDIATE CAUSE (a) | Respire | | & Cardiou | ascular | failure | | ONSET AND DEATH | |
| boy death (coth ose) | | Conditions, if any, whi gove rise to immedic couse (a), stating to underlying couse lo | tch (b) | AS A CONSEQUE | STON | of ovaria | in ca | neo/ | 10 | ar | |
| Then ple | NOI | PART 2 OTHER SIGNIFIC | ANT CONDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OF | CONDITION GIV | EN IN PART 1 | a | |
| an. he law r has bee t permit ene prio | CERTIFICATI | 19a DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY | 20b. IF YES IN CERT IF YE | S, WERE FINDI YING CAUSES S | | |
| iCIAN: T g physici entificate iol-transi ntal Hygi | | 21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX | OF DEATH HOUR A.A | A. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE | OF INJURY IN ITEM 18 P | PART I OR PART ?) | | |
| offendin offendin ter this of sthe bur h and Me | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE C | OF INJURY SET, FACTORY, OFFICE FA | ARM, ETC) | 211 LOCATION STREET | CIT | Y OR TOWN | COUNTY | STATE | |
| TTENDIN putol or TTOR: Af for use of Aeolti 21 is mo | 1 | 220.1 certify that (I) this | hospital attended the | | 7/09 | d that in (my) (our) opinion of | eath accurred an | the date and hou | 19 3. | that (I) (we) last causes stated | |
| ital OR A by the hos RAI DIREC detached state Dept. | b | 276 SIGNATURE GAZ | a Slaud | | N.D. Pl | | MEDICAL DIRECTOR F | | 7/10 | 185 | |
| TO HOSPITAL retained by ih TO FUNERAL should be deter with the State IMPORTANT: I | | SHELLEY | R. SLAUG | | | JOHNS HO | OPKINS | | TIMOR | E, MD | |
| BP | (| BURIAL, CREMATION, REM SPECIFY) BURIAL | | | | emetery or crematory Lin b oln Cemete | | rtwood, M | | STATE | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 24 FU | Donaldson Fi | uneral Home | , Laurel | , Md | JUI | TO 198 | TRAR ISI REGIST | | mobile | |



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STATE OF MARYLAND

| 400400 | | | | | STAT | E OF MARYLA | AND | | | |
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| 198120 | 1 | FOR STATE | | DEPAF | RTMENT OF | HEALTH AND ! | MENTAL HYG | IENE | | |
| 1 1 1 1 1 1 | ' ' | REGISTRAR | | | CERTI | FICATE OF D | EATH | 8 RE. NO. 7 | 11985 | 7 8 8 |
| | 1 DE | CEASED NAME FIRST | 1 | MIDDLE | | LAST | | 20. DATE OF DEATH MONTH | DAY OF TEAR | 2b HOUR AS |
| oy be age 3 death | (TYPE | Charl | log (| Curtis | Sol | omon | 9.3 | 65 | BRITA | 10:22 pm |
| pag deg | 3. SE | | 4 RACE | JULUIS | | OF BIRTH | | & AGE (IN YEARS LAST BIRTHDATE | FUNDER LYEA | |
| 7 24 | J. JL | | | | MONT | H DAY | YEAR | | MONTHS DANS | HOURS MAL |
| ego nect | | Male | Blac | | May | 8 | 1940 | | RS. | |
| h. Po | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTR | Y? 8 MARRI | NEVER A | MARRIED - | 9 BALTIMORE CITY OR COL | NTY OF DEATH | |
| Junero Junero Jun 72 | | wisbury N.C. | U.S.A | | WIDOW | | VORCED [| Baltimore, City | 1 | MD. |
| with with | 10. C | TY OR TOWN OF DEATH | | HOSPITAL, NUR | | OR OTHER INST | NOITUTION | 128 USUAL OCCUPATION | | OF BUSINESS OR |
| S of | Ba | 1timore | | gnas Hos | | | | Truck Driver | | Carrier |
| hour pe t | USU | AL RESIDENCE LIF NURSING HO | | N GIVE RESIDENCE BEF | ORE ADMISSION | | 1777 1 1 1 1 1 7 5 5 | CAREET ARRESTS (7:0 C | | 1016 |
| 24 th | 130 3 | 400 mm | altimore | Baltim | | 136 INSIDE C | | 13e.STREET ADDRESS / ZIP C 4014 Edgewood- | Rd. Z | 1215 |
| thin sho | 14 F.A | THER'S NAME | altimole | Darcin | OLC | | MAIDEN NAM | | 2000 | |
| d d d | | FIRST | MIDDLE | LAST | | | FIRST | WIDDLE | A11 é | AST |
| | 14- 1 | Otha VAS DECEASED EVER IN U.S | A PAAED EODOES? | Solomon | | Fann | _ | ADDRESS | ATTE | :11 |
| exec dice | | (ES NO OR UNKNOWN) (IF YE | ES. GIVE WAR OR DATES) | | | | | | | |
| 9 / T | | No | | 246-62- | 3197 | Helen | Solomon | 4014 Edgewood | | |
| 90 (E # B E | | 18 CAUSE OF DEATH LEnt PART I. DEATH WAS CA | er only one couse pe | er line for (a), (b), | and (c) | - | | | BETWEE | NONSET AND DEATH |
| 1 (11) | | | DIATE CAUSE (o) | - (| end | Prul | monar | · Embolgia | 7 | - 2 day |
| 5 Pool | | | DUE TO (| OR AS A CONSEC | DUENCE OF | | | | | |
| then then ve o ion, | | Conditions, if any, whic | | 1 | A | noms | - 01 | Censes. | 3. | · rens |
| he o mot r fro | | gove rise to immediat | e | OR AS A CONSEC | | | 1 | 1 | | |
| by tose control of the | | underlying couse los | | JR AS A CONSEC | JUENCE OF | | | | | |
| poled unal | | PART 2 OTHER SIGNIFICA | NT CONDITIONS C | ONTRIBUTING T | O DEATH BU | I NOT RELATED | TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART | lini |
| sign hen to bi | N | TAME OF THE ROOF THE | | .0 | 0000000 | , romethics | TO THE TERM | THE DISEASE ON CONTINUE | OIVER MYTAKT | |
| v re | TIFICATION | 190. DATE OF OPERATION | 19h CONE | DITION FOR WHI | CH OPERATIO | ON WAS PERFO | RMED | A.78s AUTOPSY? 1206.1 | F YES, WERE FIND | INGS USED |
| L so bern L | FIC | 3/ +7/ | 1 | / | . 0 . | | 0.00 | | ERTIFYING CAUSE | S OF DEATH? |
| The hash repeated short | 8 | 314 ACCIDENT WAS UNDERLYM | G.FI TIME | OF INJURY | not my | | merchell | ED (THISK MATTHE OF HATTHE MATE) | YES 🗌 | NO 🗌 |
| Phys troi 118 | 0 | OR ECHIPBRITING C | HOUR A | | DAY YEAR | | - In | The literal and the second second | 10.702110870012 | |
| SIC ng | S | IF ETHER HOTEY MEDICAL TRA | And the last of th | NAT | 191 | 13 | 10/17 | | | |
| PHY this this id M | MEDICAL | 214 NUMY OCCURRED | A PLACE | FREE PARTIES OFFICE | S. PARK ETC.) | THE LOCATIO | - A | Citrostown | CONNTY | SPARE |
| off of the orker | ~ | AT WORK AT WORK | NA | NIA | | | NO | | | |
| A A A A A A A A A A A A A A A A A A A | - 1 | 220.1 certify that (this l | haspital) attended t | | | 6/41 | . 19 85 | | 19_85 | , thot (we) lost |
| TTEN priol TTOF for a of H | | sow the deceased oliv | re on | votter death | 85 | nd that in m | (our) opinion o | death accurred on the date and | hour and from th | ie couses stoted |
| R A hose hed hed ept. | | THE SIGNATURE | A TOTAL MENT THE BOOK | y differ death. | | DEGREE | | | 22c. DAT | E SIGNED |
| the Detacle | | John | 11.11 | | | | TTENDING PHYSICIAN Z | MEDICAL STAFF DIRECTOR PHYSICIAN | 7 | -11-85 |
| PITA by Stored | | THE PHYSICIAN'S NAME & | Vagora versiti | | | 77e ADDRES | | | , | |
| HOSI med wild b | | 1.K - | -rrvJL | 1000 | | | 400 | | 0 | |
| TO HOSPITAL retained by to TO FUNERAL should be def with the State IMPORTANT. | - | | | | | | 2/1 | icott City | ma L | 043 |
| | | SURIAL, CREMATION, REMO | | | | CEMETERY OR C | | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | | Burial | July 1 | 7,1985 W | lashing | ton Nat | | Suitland Md | | |
| DHMH - 16 60M 7/84 | | JNERAL DIRECTOR | | ADDRES | 5 | | | REC'D BY REGISTRAR 25 RE | | ATURE |
| (VRA 15, 4) | Ma | abrey Funeral | Service3 | 355 16th | . St.N | .W. Was | h. | = ± 5 1985 Juli | Davidson- | Randa 00 1 |



TO HOSPITAL

| ST | ΔT | E | OF | MA | RY | LAI | ND |
|----|----|---|----|----|----|-----|----|
| | | | | | | | |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 | | | | | STAT | E OF MARYLAI | ND | | | | | | | |
|--|---------------|---|-------------------|--------------------|------------------------|-----------------|------------------|---------------------|-----------------------|----------------|--------------|---------------|----------|------------|---------|
| 203148 | 1, | FOR | | | DEPA | RTMENT OF H | EALTH AND M | ENTAL HYGI | IENE | | | | | | |
| | Γ | STATE REGISTRAR | | | | CERTIF | ICATE OF DI | EATH | 8 | NG. NO | ì | 9 | 1 | 8 | 9 |
| | 1. DE | CEASED NAME | FIRST | | MIDDLE | | LAST | | 20 DATE OF | | AONTH | DAY YE | AR 2 | b HOUR | 65 |
| r be lepth | {TYF | E OR PRINTS Lill | IAN | | XX. | 5 | olomo | n | | | 7 1 | 7 8 | 5 | 5.4. | 5/M |
| 1 82 | 3.50 | | | 4. RACE | | S. DATE C | | | 6. AGE INYE | ARS LAST BIRTH | | IF UNDER 1 | | IF UNDER 2 | 4 HRS |
| The state of | Ł | EMAI | LE | W | HITE | MONTE | | 1905 | 79 | N/G | YRS | MONTHS | DAYS | HOURS | MIN, |
| 8 93 | 15 | RTHPLACE (STATE OR FO | REIGN | 76. CITIZEN OF | WHAT COUNTR | RY? 8 | D NEVER M | ADDIED [| 9 BALTIMO | RE CITY OR | COUNTY | OF DEAT | H | | - |
| I IF TO | 1/2 | | ,a | 45 | A | WIDOWE | | ORCED | Bal | 10 | Cita | 4 | | | MD. |
| 1 11 70 | 10. 0 | ITY OR TOWN OF DEAT | н | | | | OR OTHER INSTI | TUTION | 120 USUAL C | | | | | BUSINES | |
| 1 13 76 | 1 | BALTIMORE | 1 | Levina | | brew Ge | erister (| enter | (TYPE OF WORK | CTALL | | | | PHTFI | R |
| 1 5 1 W | ust ile | AL RESIDENCE (IF NURSIA | 30 COUN | OTHER INSTITUTION | 13c. CITY OR TO | | 1 13d INSIDE CIT | Y LIMITS? | 13e STREET A | DDRESS / | ZIP CODE | | | | |
| | 1 | MARYLAND | BA | LTO. | REISTE | RSTOWN | | NO 🗌 | | SAGAI | | | ST_I | .A. ' | 21136 |
| 共和國 社会 | 2 ME | ATHER'S NAME | A | AIDDLE | LAST | | 15. MOTHER'S | MAIDEN NAM | ΛE | MIDDLE | | | LAST | | |
| を開かり | V | LOUIS | , , | MODIE . | GOLDBER | G | | UNKNO | WN | MIDDLE | | | LAST | | |
| 1 17 | 7 160 | WAS DECEASED EVER IN | | MED FORCES? | 166 SOCIAL SE | ECURITY NO. | 17 INFORMAN | | NALD S | OT OMO | Š | 100 | # 2 | 21136 | 5 |
| 1 12 1 | + | NO | (IF TES, GIVE | WAR OR DATES | 219-16 | -5224 | 12700 S | | | | | ISTE | | | _MD_ |
| 2 2 2 2 . | | 18 CAUSE OF DEATH | | | r ling far (a), (b), | | | | | | | | | SET AND D | |
| ertificat g physi son pap removo | | PART I. DEATH WA | MMEDIATI | | POSSIB1 | VE PN | Eumor | VIA | | | | | | | |
| th cert nding carbo carbo | 11 | 100 | | DUE TO, O | R AS A CONSE | OUENCE OF | | | | | | | | | |
| e deoth ce pottendin move corb notion, or troumatic | | Canditions, if any, | | ((b)_ | | | | | | | | | | | |
| the series | | gave rise to imme cause (a), stating | the | DUE TO, O | R AS A CONSE | OUENCE OF | | | | | | | | | |
| d by lease ral, cr | | underlying cause | lost. | ((c)_ | | | | | | | | | | | |
| gne n pl burn | 7 | PART 2 OTHER SIGNI | FICANTO | ONDITIONS <u>C</u> | ontributing 1 | TO DEATH BUT | NOT RELATED | TO THE TERMI | INAL DISEASE | OR COND | ITION GIV | EN IN PA | RT 1/a | | |
| requents The | ē | | | | | | | | | | | | | | |
| low re | CERTIFICATION | 190 DATE OF OPERATION | ON | 196 COND | ITION FOR WH | ICH OPERATIO | N WAS PERFOR | MED | 200 AUTO | PSY? | | S, WERE F | | | 1? |
| The It is in the I | 1 2 | | | | | | | | YES 🗌 | NO | | S 🗌 | | NO 🗌 | |
| Z & S O T T B | | 210, ACCIDENT WAS UNDE | | 216 TIME C | OF INJURY .M. MONTH | DAY YEAR | 21c. HOW INJ | URY OCCURR | ED (ENTERNAT | URE OF INJURY | IN ITEM 18 F | PART I OR PAR | (1.2) | | |
| SICIA ng pl certif riol-ti ental | SAL | (IF EITHER, NOTIFY MEDICA | | | .M. | 19 | | | | | | | | | |
| HY Signature | MEDICAL | 21d INJURY OCCURRE | | | OF INJURY | CE, FARM, ETC.) | 211 LOCATIO | N | | CITY OR TOW | N | COUNT | ſΥ | STA | ATE |
| AG P offer the offer the one | 1 | AT WORK NOT WHILE | E 🗌 | | | | | | | _1 | | | | | |
| NDII To I or I | | 220 I certify that | | | ne deceased fra | m V/1 | 0 | . 19 79 | , ta | 1/7 | | 19_5 | the | at 📂 (we | e) lost |
| Spite CTO CTO of h | | saw the deceased abave, #L(we) (die | d olive an_ d) | iew the body | ofter death. | 9, ar | nd that in (| aur) apinian d | leath accurred | d an he dat | e and hav | n and fran | n the ca | uses state | ed |
| ched ched her | | 226. SIGNATURE | 1 8 | | 91874 | | DEGREE | 75.15 | | | | 271. 5 | DATE SE | GNED | |
| ral of the control of | | | 4 | oten | | | 1 . / . PI | TENDING HYSICIAN | MEDICAL DIRECTOR [| STAFF | AN | | 7/8 | 181 | |
| HOSPIT, ned by FUNER, old be d | | 22d. PHYSICIAN'S NA | ME (TYPE OR | PRINT) | | Λ. | 22 ADDRESS | of | 10 1 | | 1 | | 1 | 1,1 | 1 |
| HOS heined O FUN hould b | | TOTTE LIT | A C |). Ku | , 1 | ny | UNINIT | ALE HE | oron c | TENIAT | KIC C | ENTE. | K+ | HOJ | KIMZ |

WINELICA 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL JULY 9,1985

234 NAME OF CEMETERY OR CREMATORY

ROSEDALE BETH JACOB ANSHE VESHEAR

BALTO. MD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

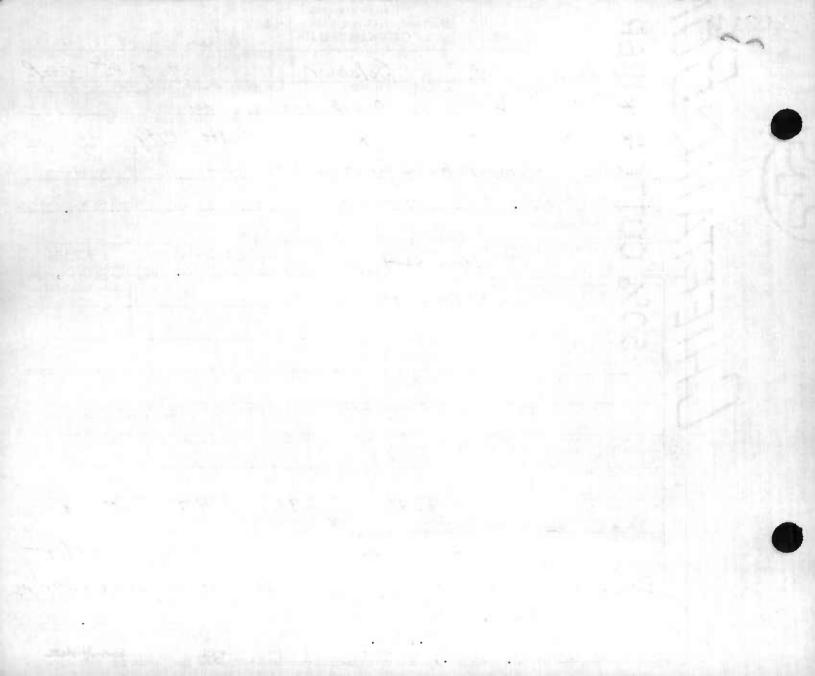
SOL LEVINSON & BROS., INC.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4) 6010 REISTERSTOWN RD.

BALTO.

- wiscon Handale



Balt., Md. 21211

(VRA 15, 4)

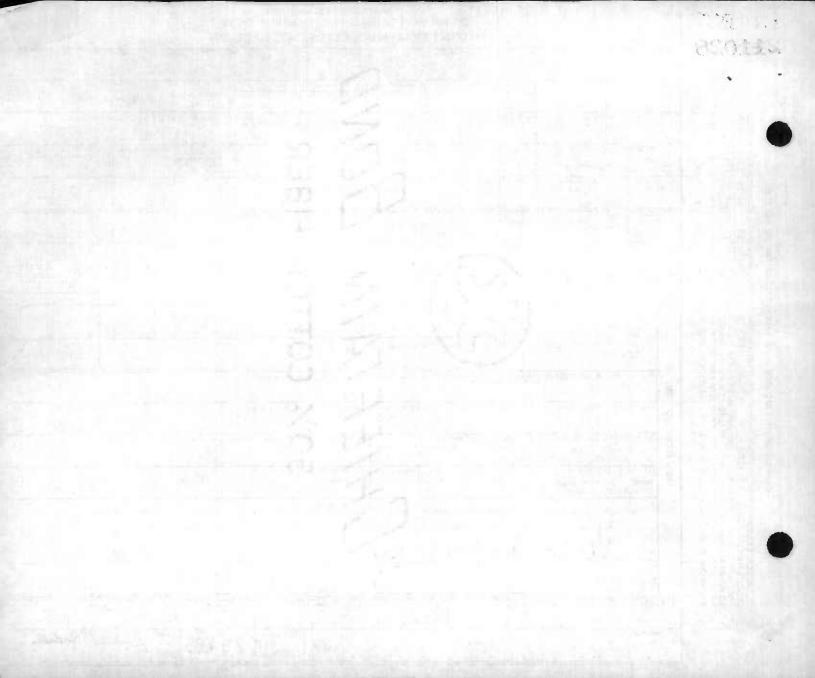
A. AlanSeitz Funeral Home

| | | 1 | FOR STATE | DEPARTMENT | OF HEALT | H AND MENTAL H | YGIENE | |
|-----------------------------|--|---------------|--|--|-----------------|-------------------------------|-------------------------------------|---------------------------------|
| - | 00022 | | REGISTRAR | MEDICAL EXAM | WINER'S | CERTIFICATE O | F DEATH REG. | 10. 10 1 0 1 |
| , 45 | 0.00 | | EASED NAME FIRST | WIDDLE | | LAST | 20 DATE KNOWN | |
| | wa awa | (TYP | e or print) | nd D. | 8,+ | herland, Jr | OF ESTI- | 7/ 7/ 19 85 |
| | PLEASE ECTOR. FILES. HOURS | 3. SE) | | | (IN YEARS IF L | INDER 1 YR. IF UNDER | | |
| 1 | STILL STILL | | T NACE | MONTH DAY YEAR LAST | BIRTHDAY) MON | | MIN PRONOUNCED | 110:5 |
| | ON SOUR | 1 | ALS ! | APRILAT, 1965 120 | YRS. | | DEAD | 7/ 7/ 1985 P A |
| - | RAL XAL | 70. BI | RTHPLACE (STATE OR SEIGN COUNTRY) | Th CITIZEN OF WHAT COUNTRY? | B. MAR | RIED NEVER MARRI | 9. BALTIMORE CITY | OR COUNTY OF DEATH |
| | S NECESSARY PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET, | | ASHINITON D.C. | U.S.A | WIDO | WED DIVORCE | Baltimore | e City |
| | IN. WILL | 10 CI | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NURSING | HOME, OR OT | | 120 USUAL OCCUPATION (TO | PE OF WORK 126 KIND OF BUSINESS |
| | O CO SEATA | 100 | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREET ADD 1908 Swansea RO | | | FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| | NY DELAY IS NECESSAR ND 3 TO THE FUNERAL D STAIN PAGE 5 FOR YO NUD BE FILED, WITHIN Y ORDOS, 201 W PRESTO | USUA | | OTHER INSTITUTION, GIVE RESIDENCE BEFORE A | | | | 0.10.5 |
| 21201 | Z9E39 | 13a S | ATE . 136 COUNT | Y 13c CITY OR TO | WN | | 13e. STREET ADDRESS | 21239 |
| | 44 % B. B. | | aryhano = | BALTIM | vors_ | YES NO | 1908 SWAN | SSA ROAD |
| A S | ESTRE! | 14. F/ | THER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MAIDE | N NAME MIDDLE | LAST |
| m, | Ks 200 | DK | AYMOND | SOUTHERL | 900 | (SC & Lie | A | Simmons |
| 9 | 8 8 8 B Z | | AS DECEASED EVER IN U.S. ARM | | CURITY NO. | 17. INFORMANT | ADDRES | is |
| Ē | F 568 | (| S, NO, OR UNKNOWN) (IF YES, GIVE W | /AR OR DATES) | | FAMILY | RECORDS | |
| PRESTON ST., BALTIMORE, MD. | B. GIM WITH T. PAG DIVISI | = | 18 CALISE OF DEATH (Enter only | y ane cause per line for (a), (b), and (c | | 11.111.1121 | ICCORDS | APPROXIMATE INTERVAL |
| F. | MIT VE, I | 100 | PART I DEATH WAS CAUSED | BY: | | | | BETWEEN ONSET AND DEATH |
| S O | A SER OFF | 50 | IMMEDIATI | E CAUSE (o) | Hanc | ging | | |
| EST | WHY AND W | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| - A | REAL SERVICE | | gove rise to immediate | (b) | | | | |
| 201 W. | A WE WO | 0 | cause (o) stating the <u>under-</u> lying cause last. | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| 20 | ULD BE EXECUTED WITHIN 24 HOUI "PENDING" IN PENCIL IN ITEM 18. EF AKEDICAL EXAMINER ALCONG W SED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. | | Tyring coose tosi. | (c) | | | | |
| DIVISION OF VITAL RECORDS, | AN A | - | PART 2 OTHER SIGNIFICANT CONDITIONS C | DNTRIBUTING TO DEATH BUT NOT RELATED TO TH | E TERMINAL DISE | ASE OR CONDITION GIVEN IN PAI | RT 1 (a). | |
| Ö | SAA | N | | | | | | |
| RE | EAAME | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION ' | WAS PERFORMED? | | 20 AUTOPSY? |
| ₹ | E SHOULD WORD "PE E CHIEF A BE USED A INT OF HE BURIAL, G | F | 100 P. CO. | | | | | |
| > | PEN | E | 21a. EXTERNAL CAUSE WAS | 21b. TIME OF INJURY | 121. | HOW IN HIRV OCCUPED | D (ENTER NATURE OF INJURY IN ITEM) | YES NO V |
| Ö | A THE STATE OF THE | | UNDERLYING POR | HOUR A.M. MONTH DAY | YEAR | | | B PART 1 OR PART 2) |
| O | CERTIFICATE TING THE W DED TO THE 3 SHOULD E DEPARTMEN I PRIOR TO E | MEDICAL | CONTRIBUTING CAUSE OF D | | 19 85 5 | subject hand | ged self | |
| N N | 3 SED | (ED | 21d, INJURY OCCURRED WHILE NOT WHILE | ZIE PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.) | IME, 211. L | OCATION STREET | CITY OR TOWN | COUNTY STATE |
| 5 | THIS (WARD PAGE TATE 2120) | ~ | WHILE NOT WHILE X | basement | 19 | 908 Swansea | | |
| | RW. RW. STA | - | 00 1 11 11 11 1 | | | | LAI CO | |
| | A S S S E S | | | of the remains described above, held | 17 | 71 | | and in my opinion |
| - | WE BE BE | 3.1 | death resulted from: Nature | a couses . Accident ., | Suicide 2 |), Homicide | Undetermined monner | |
| | EXAM CERTIC ULD E DIRE WARY | | ACTUAL | M | | TITLE (SPECIFY) | | 7/0/05 |
| | ¥#5¥## — | | SIGNATURE X | Q V | | M.D. ASSISTAR | T MEDICAL EXAMINER | DATE 7/8/85 |
| | NO PER S | | EXAMINER'S NAME CTOOK | | | | 11 5 01 | |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SI- EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU | | (TYPE OR PRINT) Grego | ory R. Kauffman, i | M.D. | _ADDRESS | ll Penn St. | |
| | BATPE | 23a.B | JRIAL, CREMATION, REMOVAL 23 | b. DATE 23c. NAME C | F CEMETERY | OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| 07/84 | BP | | | TULY 10. 1985 1 PORS | DADA | Mrs Park | BALT MORE | MARYLAND |
| 25M | 01 | | INERAL DIRECTOR | | 00 | 250. DATE R | REC'D. BY REGISTRAR 256 REG | SISTRAR'S SIGNATURE |
| | DHMH - 17 (VR A15 ME (5)) | 5. | VANS CHAPILO | FMSMORISS HA | RFORD | ROAD JUL | 11 1985 | Mildon Andres |
| | (-11 | () | MILD I HMTLL | LI ISI KIRIS 3 LIMI | WELLEY. | MIMA | | |

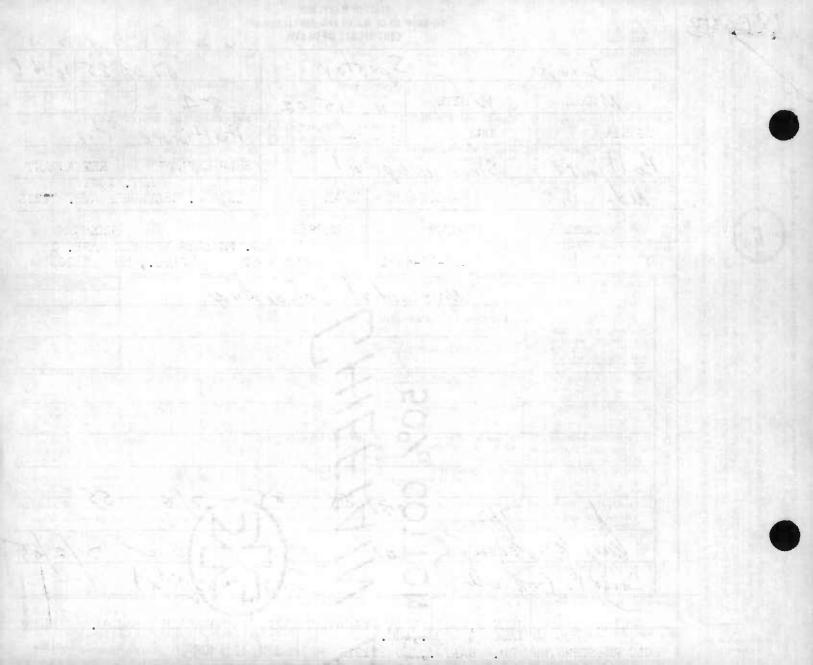
STATE OF MARYLAND



| | | | FOR | 22a 9/3 | 0/85 mtb | F#607 | STATE C | F MARYLAN | | NE | | | |
|--|--|---------------|---------------------|------------------------------|------------------------|-----------------|------------------------------------|--------------------|--------------------|---|-----------------------------|--------------|-------------|
| | | 1- | STATE REGISTRAR | | N | | EXAMINER' | | ATE OF DE | ATL | 10 .3 | 1 - | 63 |
| 23 | 11028 | | CEASED NAME | FIRST | | MIDDLE | | LAST SPEA | | 20 DATE KNOWN | O. MONTH D | AY YEAR | Zb. HOUR |
| | 22 55 55 FF. | (17 | PE OR PRINT) | Cola | | L. | (Sne | akes), Ji | | OF ESTI- | X 7-22 | 19 85 | ~ |
| | CESSARY, PLEASE ULERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS | 3. SE | X | 4 RACE | 5. DATE OF BIR | TH | 6. AGE (IN YEARS I | UNDER I YR. | IF UNDER 24 HRS | | MONTH D | DAY YEAR | 2d HOUR |
| | DNS P | ma | ale | black | 11 4 | 49 | 35 YRS. | ONTHS DAYS | HOURS MIN | PRONOUNCED DEAD | 7-24 | 1985 | 10:35 |
| | RAL KAL | 7a. B | IRTHPLACE (ST | ATE OR | 76. CITIZEN OF | WHAT COU | VTRY? 8 M | ARRIED NEV | ER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | | Tu. |
| | D 25 200 | 1 | Maryland | | | S.A. | WIE | OWED - | DIVORCED [| Baltimor | e City, | | MD |
| | ENTE OC | 1 | ITY OR TOWN | | (IF NOT IN SUCI | H FACHITY, GIVE | JRSING HOME, OR STREET ADDRESS) | OTHER INSTITUT | | SUAL OCCUPATION (TY OR MOST OF WORKING LIFE) | PE OF WORK 12h | OR INDUST | |
| | AP 148 | | altimor | | | | | venue | M | | | | |
| 201 | 20 236 | 30. 5 | TATE | 13b. COL | E OR OTHER INSTITUTION | 13c. CIT | YORTOWN | T3d. INSIDE CIT | | TREET ADDRESS | | | |
| 2,21 | Z S H S H S | | Marylan | | | Ba | ltimore | YES | | 701 Park He | ights A | venue | 21215 |
| * | AND WALLEY | | ATHER'S NAME | | MIDDLE | C 1 | LAST | FIR | R'S MAIDEN NAM | WIDDLE | | LAST | |
| ORE | 002 - | | Cola | EVER IN U.S. A | RMED FORCES? | Speak | S CIAL SECURITY NO | Rut | | ADDRES | | Shell | |
| LTIM | URS AFTER B. GIVE PAR WITH FORM T. PAGES I DIVISION (| () | ES, NO, OR UNKNO | | VE WAR OR DATES) | 100.30 | | | | | | | A |
| 8 | URS AF B. GIV WITH T. PAC DIVISI | H | | F DEATH (Enter | only ane cause per l | line for (a) th | N/A | Nuci | 1 Speaks | 4701 Par | k Heig | h E s | Avenu |
| YST. | MA 18 WA 18 WE, ME, | | | ATH WAS CAUS | SED BY: | | Narcotis.n | | | | | BETWEEN ONSE | T AND DEATH |
| 0 | A TIE | | ANATO | IWWED | DUE TO, | OR AS A CO | NSEQUENCE OF | 7 77 | | | 14.1 | | |
| OC 0. | JER JER ANS | | | is, if any, while to immedia | | | | | | | | | |
| 3. | PENC AMIN OR OR | | | stating the unde | | OR AS A COI | NSEQUENCE OF | | | | | | |
| , 20 | RIAL EX | | | | (c) | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD | ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 11 FED AS A BURIAL - TRANSIT PERMIT FED AS A BURIAL - TRANSIT PERMIT HEATITH AND MENTAL HYGIENE. AL, CREMATION, OR REMOVAL. | - | PART 2 OTHER SIG | SNIFICANT CONDITIO | NS CONTRIBUTING TO DEA | LIH BUT NOT REL | ATEO TO THE TERMINAL O | SEASE OR CONDITION | GIVEN IN PART 1 Id | | | | |
| ECC | AS. AS. | CERTIFICATION | 19a DATE OF | OBERATION | In con | | | | | | | | 75 |
| AL | SHOULD ORD "PE CHIEF A | FICA | JAG DATE OF | OPERATION | 196 CON | IDITION FOR | WHICH OPERATIO | N WAS PERFORM | AED? | | 2 | 10 AUTOPSY | |
| F × | NOR NOR | ERTI | 21a EXTERNA | L CAUSE WAS | 21b. TIME | OF INJURY | 1 21 | HOW INTERV | OCCUPPED SENTE | ER NATURE OF INJURY IN ITEM 18 | 9 9 4 9 7 1 0 9 9 4 9 7 9 1 | YES XX | NO [] |
| OZ | CERTIFICATE SHOULD SITING THE WORD "PE DED TO THE CHIEF M E 3 SHOULD BE USED A E 10 EPARTMENT OF HEA DI PRIOR TO BURIAL, OF | | UNDERLYING | OR CAUSE O | HOUR A | A.M. MONTH | DAY YEAR | | OCCORNED (E.M. | A TATORE OF HAJORT HA HEM TO | TARTION FARTZ | | |
| OISI | EPAL EPAL PRIO | MEDICAL | 21d INJURY C | - | 21e PLAC | E OF INJURY | (AT HOME. 21 | LOCATION | | | | | |
| 2 | : THIS CER! E. WRITING RWARDED : PAGE 3 SI STATE DEP. | ¥ | WHILE AT WORK | NOT WHILE | STREET, F | ACTORY, FARM, I | ETC.) | STREET | | CITY OR TOWN | COUNTY | | STATE |
| | R: TH CRW/ CRW/ CRE PA | | | | rge of the remains | described abo | ave held on A | topsy XX. | Inspection . | | | | |
| | AND STATE | | death resulte | | tural couses X, | Accident | | Hamicie | | Inquiry [], a etermined manner [], | ind in my opinio | n | |
| | EXAM CERTI UID B DIRE WARY | | 0 | 1000- | - 1 | 1/ 00 | 0 / | TITLE (SP | | eretimica manner | | | |
| | HOUNTHE HOUNTHE | | ACTUAL SIGNATURE | Marchin | E line | nece | - Kay | M.D.ASSIS | stant ME | DICAL EXAMINER | DATE SIGNED | 7-24 | -85 |
| | AEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH | | EXAMINER'S | NAME DO | nnis F. S | m z+h | MD | | | | -1+0 | Ma . | 21201 |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORM TO FUNEAL DIRECTOR, B AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 | 22- 0 | (TYPE OR PRIN | 17) | | | | ADDRESS | | n Street, B | arto., | MG. | 21201 |
| | 22/7// | 230.B | BURIAL | ION, REMOVAL | 7/27/8 | | NAME OF CEMETER astview M | | Park R | OCATION TYPRTOWN altimore, | COUNTY | Mds | TATE |
| 07/84 25M | BP/ 43/ | - | UNERAL DIREC | TOR | | | GOCVICW III | | | | SISTRAR'S SIGN | | |
| | DHMH - 17 (VR A15 ME (5)) | W | illiam | C. March | F/H 11 | | North Ave | 13.89 | JUL 2 | 6 1985 | a halfason | Mana | المال |



| 1,90 | 043 | 1 | FOR STATE REGISTRAR | DEPARTM | NENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE BEG. NO | . 1 9 | 193 |
|---|---|---------------|--|--|-------------------------|---|----------------------------------|--|---|
| | m.e | | DECEASED NAME FIRST | WIDDLE | 5 | AST | 20. DATE OF DEATH | | AR 2b. HOUR |
| 1/ 3 | deoth deoth | L | Lrvin | | Jpe. | Clor | - | 37028 | |
| ge 4 m | rector, p | | MALE MALE | 4. RACE WHITE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | | YEAR IF UNDER 24 MRS DAYS HOURS MIN. |
| Geoth. Po | in 72 ho | 7 70 | BIRTHPLACE (STATE OR FOREIGN RUSS IA | 76 CITIZEN OF WHAT COUNTRY? USA | 8. MARRIEI WIDOWE | | 9. BALTIMORE CITY O | COUNTY OF DEAT | MD. |
| 201 | by the fu | 2 10 | Ba Timore | 11. NAME OF HOSPITAL, NURSING | | or other institution | SELF EMPLO | YED INDUS | ESTAURANT |
| AND 213 | filled in ould be | 13 | SUAL RESIDENCE (IF NURSING HOME OF A STATE) | R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY BALTIMO | RE | 134 INSIDE CITY LIMITS? | 130. SIREET ADDRESS B | APT. 10 ELVEDERE | 01 AVE. 21215 |
| MARYL | 7 - 2 C |) 14. | FATHER'S NAME FIRST SAMUEL | SPECTOR SPECTOR | | BESSTE | ME | | KŃÖWN |
| IMORE, | medical | 16 | NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 215-32-4 | | 17. INFORMANT MF 8 POMONA SC | OUTH BAL | TO., MD | APT. 2 21208 |
| ST., BALT | physicia anpapers emaval. event, the | | | nly one couse per line for (o), (b), and ED BY: TE CAUSE (o) | ardii | Infar | din | BET' | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate by configuration. | ed by the attendin lease remove carb ial, crematian, ar ar other traumotic | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUED (c) | NCE OF | | | | |
| ORDS, 2 | Then p or to bur y injury, | 201 | | CONDITIONS CONTRIBUTING TO D | | | | | |
| AL REC | re has been sit permit rgiene prio shows any | CEDTIEICATION | 196. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIO | Police I | YES NO | 20b. IF YES, WERE F IN CERTIFYING CA YES | USES OF DEATH? |
| N OF VIT | rial-trai | MEDICAL CE | OR CONTRIBUTION CAUCE OF OR | P.M. | Y YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART) OR PA | RT 2) |
| DIVISION NG PHY | After this is a steep of the but and We marked or I | CHA. | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | RM ETC) | 211 LOCATION STREET | CITY OR TO | WN COUN | TY STATE |
| VITEND o | for us of He 21 is | | sow the discessed plive or above, (2) well (did) (did a | ital) attended the deceased from | | d that in (my) (our) apinion | , to death accurred on the do | | |
| 0 0 | ERAL DIRECTOR State Dept. | | 1226. SIGNATURE | Regisal | 10 | ATTENDING PHYSICIAN | MEDICAL STAF | F | 2/85 |
| | should be determined with the State | | Dorge F. C | on rale ? | | Sing | 1 Hospi | tal | / / |
| | | 23 | BURIAL CREMATION, REMOVAL | The second section of the second | | EMETERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| BP_ | 91.6 | 24 | BURTAL FUNERAL DIRECTOR SOL I | EVINSON & BROS., J | IRAWI' | FZ. NUSACH ARI | ROSEDA J | | |
| | 6 50M 4/82 (15, 4) | | | WN RD. BALTO. N | | 111 | L 05 1985 | Sain Davidso | |



5157

#21229

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 40 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Balto. Md. 13e STREET ADDRESS / ZIP CODE 411 North Bend Rd. #21229 Cooper 17 INFORMANT 2231 Pleasant DESive -Balto., Md. #21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [214. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) opinion death accorred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR T PHYSICIAN [23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. Md ATE Loudon Park Cemetery

DALTO NOT 1. PIKE 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

Irouman

.101 The state of the state of the state of .071ca Traca E scalebillo

STATE OF MARYLAND

| ч | 1 | | | STAT | E OF MARYLAND | | | | | |
|----|---------------|--|---|------------|-------------------------------|---------------------------|----------------|---------------|---------------|---------------|
| H | ١, | FOR | DEPAR | TMENT OF F | HEALTH AND MENTAL HYG | HENE | | | | |
| | 1 - | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | 8 5 | | 9 / | 9 | 3 |
| | 1.06 | CEASED NAME FIRST | MIDDLE | | IAST | 2g. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR | |
| Ĵ | | OR PRINT) | TH V, GRAN | T OV | SPENCE | 20. DATE OF DEATH | 7.06 | 000 | ZB. HOUR | - 49 |
| 1 | | RUTI | Y V. GRANT | 7 1 | ENCE | | + 20 | 33 | 1:00 | P M |
| | 1. SEX | 4. | RACE | 5. DATE O | | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 | HRS |
| | | Temale | White | MONT | DAY YEAR | 81 | | VIHS DAYS | HOURS A | MIN, |
| 1 | 7a BIE | | CITIZEN OF WHAT COUNTRY | (? 8 | 05,1104 | 9 BALTIMORE CITY O | R COUNTY OF | FDEATH | | _ |
| 1 | | COUNTRY | 1-12101 | MARRIE | / | n | 04 | 1:Ly | | |
| 6 | | linois | NAME OF HOSPITAL NURS | WIDOWE | | 12a USUAL OCCUPATION | | 126. KIND OF | PLICINIECO | MD, |
| 7 | The Ci | 10 Idi | (IF NOT IN SUCHEACILITY, GIVE STRE | | OK OTHER INSTITUTION | LIMPE OF WORK FOR MOST O | | INDUSTRY | BUSINESS | OR |
| | Pai | 13 autimore | mol Sama | UJEU | 7 Hospital | RelifedHo | omemake | r Own | Home | 2 |
| - | | AL RESIDENCE (IF NURSING FOMF OR OT | HER INSTITUTION GIVE RESIDENCE BEFO | | 1130. INSIDE CITY LIMITS? | 13,e.STREET ADDRESS | ZIP CODE | 1732 | 500 | |
| | P | A Adams | 10 11 1 | nura | YES NO | 3136 Fair | | 79 | 7619 | 10 |
| | 14. FA | THER'S NAME | 1. Dengi | rai S | 15 MOTHER'S MAIDEN NA | | -rera n | M. buch | 1 | / |
| 1 | Ton | nurel | | | FIRST | WIDDLE | | LAST | | |
| | - | VAS DECEASED EVER IN U.S. ARME | Grant D FORCES? 166 SOCIAL SEC | CLIPITY NO | Dora 17 INFORMANT | ADDRE | SS | Schro | eder | - |
| 4 | LIY | YES, NO OR UNKNOWN) (IF YES GIVE W | | ~ 10g1 | , IV IVIORIMATOR | | | | | |
| 1 | No |) | 1204-0 | 57511 | Vernon G. S | pence - Same | as #1 | | | |
| | | 18 CAUSE OF DEATH Enter only | | and ic | | | | BETWEEN | NATE INTERVAL | ATH |
| | | PART I. DE ATH WAS CAUSED E | M 10 1/1 | IRI | ATORY | ARRE | ST | | | |
| | | | | UENICE OF | | | | | 100 | |
| | | Canditians, if any, which | DUE TO, OR AS A CONSEC | DENCEOF | PTARF | FM DHY | YCEM | 4 | | |
| | | gave rise to immediate | (b) | | 111111 | -1,111 | 13-11 | ` | | _ |
| | | cause (a), stating the underlying cause last | DUE TO, OR AGA CONSEO | VENCE OF | NIO | | | 1 | | |
| | | underlying couse tost | ((c) 5 M (|) KI | 146 | | | | | |
| | - | PART 2 OTHER SIGNIFICANT CO | nditions <u>contributing</u> to | DEATH BUT | NOT RELATED TO THE TERM | VINAL DISEASE OR CON | DITION GIVEN | IN PART No | | |
| | ő | | | | | | | | | |
| 1 | 14 | 190. DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | VERE FINDIN | | $\overline{}$ |
| r | Ħ | Market Market Market | | | | YES TO NOT | IN CERTIFYIN | NG CAUSES (| OF DEATH? | , |
| - | CERTIFICATION | 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c HOW INJURY OCCUR | | | | 140 | |
| g, | | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH | DAY YEAR | | A STATE OF HADO | | . 04 44 47 | | |
| | 2 | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | 100 | 100 | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | FARM FIC 1 | 211 LOCATION STREET | CITY OR TO | wn | COUNTY | STAT | 1 E |
| | 2 | NOT WHILE AT WORK | | | | | | | | |
| | | 22a I certify that (this haspital | attended the deceased from | | . 19 | , to | . 19. | , t | hat (I) (we) |) last |
| | | saw the deceased alive an | 19 | , o | nd that in (my) (aur) apinian | death accurred on the do | ite and haur a | nd fram the c | auses state | d |
| | | abave, (1) (we) (did) (did nat) v | new the body after death. | | DEGREE | _ | | 22c DATE S | IGNED 1 | |
| | | 7 | | 2 | A M ATTENDING | MEDICAL STAF | | 7/ | 70/ | 07 |
| - | 1 | C- an | unice | <u> </u> | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 1/ | 20/0 | 5 5 |
| | | 226 PHYSICIAN'S NAME (TYPE OR PE | - | | 22e ADDRESS | 01 10 | 1 | 2 | 241 | 0 |
| | | IULLIO | EMANUE | LE | 155H 56 | 0 00 | CHI | CAV | EN | BK |
| | | | 236. DATE 23 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | |
| | | emation | 7-30-85 | Westv | iew | RALTII | MORI | OFINTA | M | 0 |
| | 07 | | | | | | | | | |

(VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

ADDRESS 1050 York Rd.

41.

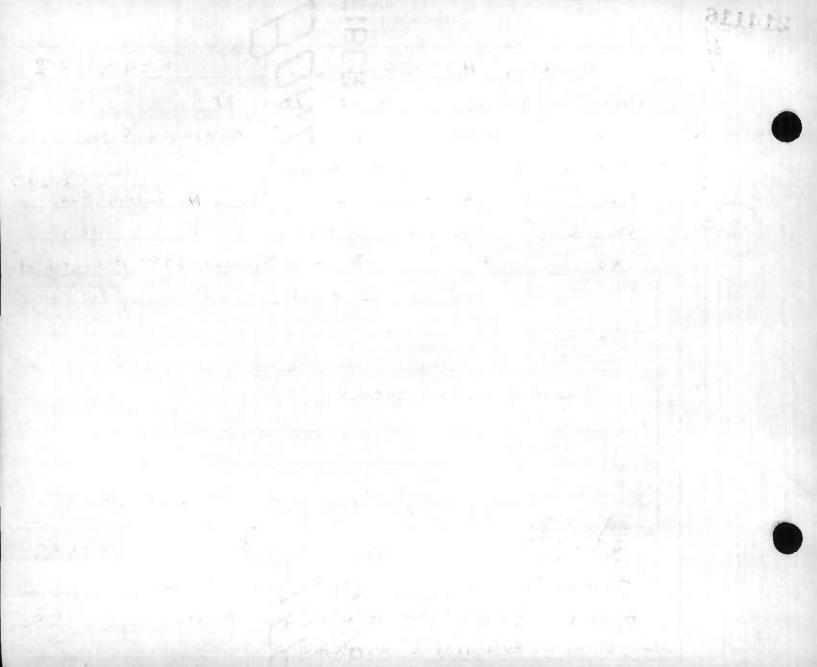
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END PLACE EIMPHYSEMA

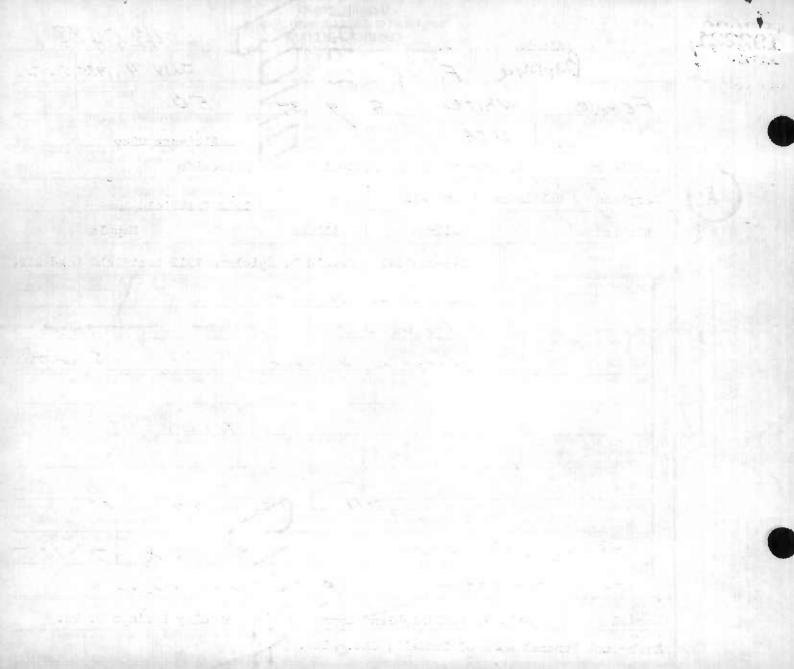
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TURLIC EMANUELE EVE STOLLESH RAVEN BUS QM - 38ALTIMORE MA

| 214116 | 1- | FOR STATE REGISTRAR | | DEPAR | | EALTH AND | MENTAL HYG DEATH | IENE | O. 1 | 9 7 | 9 6 |
|--|---------------|--|---|---|-------------|---------------|----------------------------|---------------------------|-------------|-------------------------------|-------------------------|
| y be | | CEASED NAME FIR | HARD | MIDDLE . | SPE | | 0_ | 20 DATE OF DEATH | MONTH Z | DAY YEAR | 26. HOUR M |
| oge 4 mo rrector. po urs after | 3. SEX | MALE | A RACE | | 5. DATE C | | YEAR 14 | 6 AGE (INYEARS LAST BI | YRS | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| death. P. funeral d thin 72 ho | (| RTHPLACE (STATE OR FOREIC COUNTRY) | u | F WHAT COUNTRY S A FHOSPITAL, NURS | MARRIE | | NORCED [| BaltiMORE CITY C | ore | City | MD OF BUSINESS OR |
| n by the effed with | C | AL RESIDENCE (IF NURSING H | mas | SUCH FACILITY, GIVE STRE | ET ADDRESS] | J me 19 | | TYPE OF WORK FOR MOST | | INDUSTRY | |
| LAND 2 | 13a. S | | COUNTY | Balts | WN | 13d. INSIDE C | NO S MAIDEN NA | 130.STREET ADDRESS | | ton F | Jue. |
| E, MARY |) | PIRST DAS A VAS DECEASED EVER IN U | MIDDLE S. ARMED FORCES | Sence? 1166. SOCIAL SEC | | THE COLUMN | FIRST | MIDDLE P | ESS | 14 | 211 |
| e be e cron a di | | | YES, GIVE WAR OR DATES) | | | | | gencer 5 | 5435 | A-1: | mate interval |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be excessed in thin 24 hours retending physician. Wher this certificate has been signed by the ottending physician of a critical in by as the buriol-transit permit. Then please remove carbon papers. Page the profit of the please remove carbon papers. Page the profit of the please prior to buriol, cremation, or removal. The profit of the please only injury, at other traumatic event, the medical permits must be a correct or the please of the | Z | Conditions, if any, wh gave rise to immedic couse (a), stating underlying cause la | DUE TO, (b) DUE TO, (c) Let | OR AS A CONSEQ | UENCE OF | NOT RELATED | D TO THE TERM | INAL DISEASE OR CON | IDITION GIV | VEN IN PART 1 | |
| AL RECORI | CERTIFICATION | 190 DATE OF OPERATION | | IDITION FOR WHIC | | | DRMED | 20a AUTOPSY? YES NO | IN CERTIF | S, WERE FINDI FYING CAUSES | NGS USED S OF DEATH? |
| SION OF VITY PHYSICIAN: T this certificate the buriol-tronsi and Mental Hygy d or Hem 18 sh | MEDICAL CER | 216. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 216. INJURY OCCURRED WHILE NOT WHILE | OF DEATH HOUR A | OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE | 19 | 211. LOCATE | ON | RED (ENTER NATURE OF INJU | | COUNTY | STATE |
| OR ATTENDING OR ATTENDING E haspital or of DIRECTOR, Affer tached for use as t Dept. of Health a | | 270.1 certify that (I) (this saw the deceased a above (I) (we) (did) | hospital) ottended | _ / | 85,0 | DEGREE | , 19.83 (our) opinion o | death accurred on the d | ate and hou | | |
| HOSPITAL sined by th Sined by th Stunesal th the State PORTANT: | | 22d. PHYSICIAN'S NAME RICHAR | 0 | ર ા | MI | 27e ADDRES | PHYSICIAN Z | DIRECTOR PHYSIC | | 7/2 | 28/6 |
| BP | - 1 | BURIAL, CREMATION, REM | | | _ | EMETERY OR | rn Cer | | | COUNTY | STATE |
| DHMH - 16 50M 4/83 | | UNERAL DIRECTOR | -ch & (1) | ADDRESS | | | 25a. DAT | E REC'D. BY REGISTRAN | 256. REGIST | RAR'S SIGNAL | ander |



| | | | STAT | E OF MARYLAND | | | | | | | |
|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|
| 193029 | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | | | | | | | |
| | | RBARA F. | CEKII | FICATE OF DEATH SPIELMAN | REG. NO. 4 | 244091 | | | | | |
| 051) | I. DECEASED NAME | MIDDLE | | / | ZII. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | | | |
| poge 3 | Val | runga F. | | pielman | July | 4,1985 8:55 AM | | | | | |
| fer P | 3) SEX | ARACE | DATE | OF BIRTH H DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. | | | | | |
| rs oge | remale | white | 8 | 9 34 | | RS. | | | | | |
| eoth. Po | 7d BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT CO | MARRI WIDOW | ED NEVER MARRIED DIVORCED DI | 9. BALTIMORE CITY <u>OR</u> COU Baltimore | | | | | | |
| s offer d | 10 CITY OR TOWN OF DEATH Baltimore | 11. NAME OF HOSPITAL | , NURSING HOME SIVE STREET ADDRESS M OLT Key M | orother institution edical Center | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE | 126 KIND OF BUSINESS OR | | | | | |
| pp.24 hour | USUAL RESIDENCE (IF NURSING HOPE 130, STATE 1336, C Maryland Ba | OUNTY 136. CITY | NCE BEFORE ADMISSION OR TOWN Idalk | 138 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP C | | | | | | |
| Pa dia dia dia dia dia dia dia dia dia di | 14 FATHER'S NAME Richard | MIDDLE Ki. | Last | 15. MOTHER'S MAIDEN NA Lillian | | Kapple LAST | | | | | |
| S S S S S S S S S S S S S S S S S S S | 160 WAS DECEASED EVER IN U.S | | IAL SECURITY NO. | 17. INFORMANT | ADDRESS | | | | | | |
| brond . | | C CAVE WAR OR DATEST | -30-9347 | | pielman 1912 Ea | astfield Road 2122 | | | | | |
| physicion and appers. Pages mayal. | PART I. DEATH WAS CA | er only one couse per line loi (a SUSED BY: | 1, (b), ond (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| he death certifue otherwise corporations or remove corbang mation, or remove traumatic eve | IMME | DIATE CAUSE (o) | 0101:00 | Arrest | | | | | | | |
| endir n, or matie | | DUE TO, OR AS A CO | INSEQUENCE OF | _ | | 1 web | | | | | |
| e of the notion trace | Conditions, if any, which | e | e par | | | 1,000 | | | | | |
| by th ose re 1, cren ather | cause (a), stating the underlying cause lost | DUE TO, OR AS A CC | onsequence of | orseese | | 8 months | | | | | |
| gned an ple burio | | (6) | | | AINAL DISEASE OR CONDITION | GIVEN IN PART Tra | | | | | |
| ING PHYSICIAN: The law requires the other other of the physician. We this centificate has been signed to stitle burial-transit permit. Then plea than and Mental Hygiene prior to burial, orked or them 18 shows any injury, and | 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR | R WHICH OPERATION | ON WAS PERFORMED | 20a AUTOPSY? 20b. (| IF YES, WERE FINDINGS USED | | | | | |
| hos hos berg | E E | The state of | | | YES NO NO | ERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc | | | | | |
| No The Parent of | 21g. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | | | | | | | |
| SICIAN: T ng physici certificate urial-tronsi entol Hygi them 18 sh | OR CONTRIBUTING CAUSE C | W DEATH | NTH DAY YEAR | | | | | | | | |
| G PHYSICI. Ottending F otter this cert ithe burial- ond Mento | THE EITHER NOTHY MEDICAL EXAL ZIG. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJUR | Y | ZII LOCATION | CITY OR TOWN | COUNTY STATE | | | | | |
| Affe os atth | | nospital) attended the decease | d from | 7// 1985 | 10 7/4 | 19 97 that (1) (we) last | | | | | |
| TEN TOR ST Fe us | sow the deceased oliv | eon 7/4 | 1985 | | | d hour and from the causes stated | | | | | |
| RECIPED to the different tem 2 | 22b. SIGNATURE | d nat) view the body after dear | th. | DEGREE | | 22c. DATE SIGNED | | | | | |
| 0 11 0 00 7 | gery | agelland | 70 | ATTENDING PHYSICIAN [| MEDICAL STAFF | 7/4/85 | | | | | |
| TO HOSPITAL of the certain of the ce | 224 PHYSICIAN'S NAME (| | | 22e ADDRESS | _ DIRECTOR TRISICIALIE | | | | | | |
| O HOS etoined TO FUN should the | Oary | Applebann | | FSK | mad Cs | 6 × en | | | | | |
| 7 5 7 2 3 4 | 23a. BURIAL, CREMATION, REMO | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | . COUNTY STATE | | | | | |
| BP | Burial | July 7, 198 | 5 Highlan | | Berkeley Sp | rings W. Va. | | | | | |
| DHMH - 16 50M 4/83 | 24 FUNERAL DIRECTOR | IIoma of D | anneal alle I | nc.Balto. Md. | E REC'D. BY REGISTRAR 256. RE | GISTRAR'S SIGNATURE | | | | | |
| (VRA 15, 4) | Duda Ruck Fun | eral nome of D | uncalk, 1 | ne. barco. Mu. | III On took | The standard | | | | | |



| | 1 | | | STATE OF MARYLAND | | |
|--|-----------------|---|--|--|---------------------------------|--|
| 200157 | | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH | | 19/98 |
| | | ASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH | YONTH DAY YEAR 26, HOUR |
| noy be poge 3 | 3. SEX. | Vlay | ACE (| NO DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTI | |
| ge 4 m ector. p | 1 | eurole | white | Dec. 23. 193 | \$ 52 | YRS. |
| oth. Po | | tinsbrug, W. | CISA WHAT COUNTRY | MARRIED MEVER MARRIE | | COUNTY OF DEATH altimore City MD |
| ofter der | 10 CJT | OR TOWN OF DEATH | NAME OF HOSPITAL NURSI | WIDOWED DIVORCEI | | I 126. KIND OF BUSINESS OR |
| 24 beying a filled in E owld be fi | USUA 13a, ST | RESIDENCE IN NURSING HOME OR OTHE ATE 138 COUNTY | 1 1 1/0 . 6 . | E ADMISSION) | 130. STREET ADDRESS | nes Ave. 21157 |
| MARYLA mpletely and 2 sh | 14 FA1 | Prist MOD | Lindsa- | 15 MOTHER'S MAID | EN NAME MIDDLE | Ambrose |
| imore, on ond co | | AS DECEASED EVER IN U.S. ARMED | | | Tike, mo 9144; | 3000 Mahatlan Ave, MBIS |
| or, BALT | | 8 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CO | 100000 | c Arrest | | APPROXIMATE MTERVAL BETWEEN ONSET AND DEATH |
| ston standing recorbing on or | | Conditions, if ony, which | DUE TO, OR AS A CONSEOL | ENCE OF acute Suld | wal bear thage | |
| W, PREsident the distribution of the removing other troits | | gave rise to immediate cause (a), stoting the underlying cause lost | DUE TO, OR AS A CONSEQU | ENCE OF |) | |
| 201 es th pled urrol | | PART 2 OTHER SIGNIFICANT CON | | | E TERMINAL DISEASE OR COND | PITION GIVEN IN PART 110 |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Wher this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury | CERTIFICATION | 90. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | TOD. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| CIAN: TI CIAN: TI physicic errificole iol-tronsil | | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH C P.M. | AY YEAR | OCCURRED (ENTER NATURE OF INJUR | FIN ITEM 18 PART 1 OR PART 2) |
| DING PHYSICIA Or offending ph After this certifi se as the buriol-in oith and Memol marked or Hem | MEDICAL | TIE INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | 211 LOCATION | CITY OR TOV | VN COUNTY STATE |
| TENDIN Mal or OR: Af | | 228.1 certify that (I) (this haspital) saw the deceased alive on | 19. | | pinian death occurred an the do | te and have and from the causes stated |
| R AT hosp hosp hed fer tem 2 | | above, (1) (4e) (did) (did not) via | w the body after death. | DEGREE ATTEND | | IN DATESIONED |
| by the | | 27d. PHI ST LAN'S MANY HARE OR REL | MP 1 | PHYSIC 220 ADDRESS | IAN DIRECTOR PHYSIC | |
| TO HOSPITAL TO FUNERAL should be det with the Stote | | Nathan J. T | intel MD | Booo Man | hattan Are B | It, MD 21215 |
| BP | | PECIFY) | 7-11-85 E | NAME OF CEMETERY OR CREMA | Cardons Rinks | sburg Carroll Md |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 24 FU | | homas D. Fle 254 East Ma | tcher & Son | DATE REC D. BY REGISTRAR | Sb. REGISTRAR'S SIGNATURE |
| 7 | 2700 | V = 1/2 | Weatmingto | Md 21157 | | A Stores |

the state of the s The section of the se 2 2-15-772 million to the Timber 200-21-2-3 and replaced the land of the second to The second of th the party of the state of the s -11-65 verecen il. annene Chiconer Marroll d.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20. DATE KNOWN OF ESTI-Phillip DEATH MATED Lewis /1985 4 RACE IF UNDER 1 YR DATE OF BIRTH AGE (IN YEARS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD BIRTHPLACE (STATE O 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED [DIVORCED HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Baltimore 831 Abbott Court ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Narcotism IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 161 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 7/4/85 SIGNATURE. SIGNED EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) 111 Penn St ADDRESS 3d. LOCATION 07/84 25M 24. FUNERAL **DHMH - 17** (VR A15 ME (5))

James Went Steller

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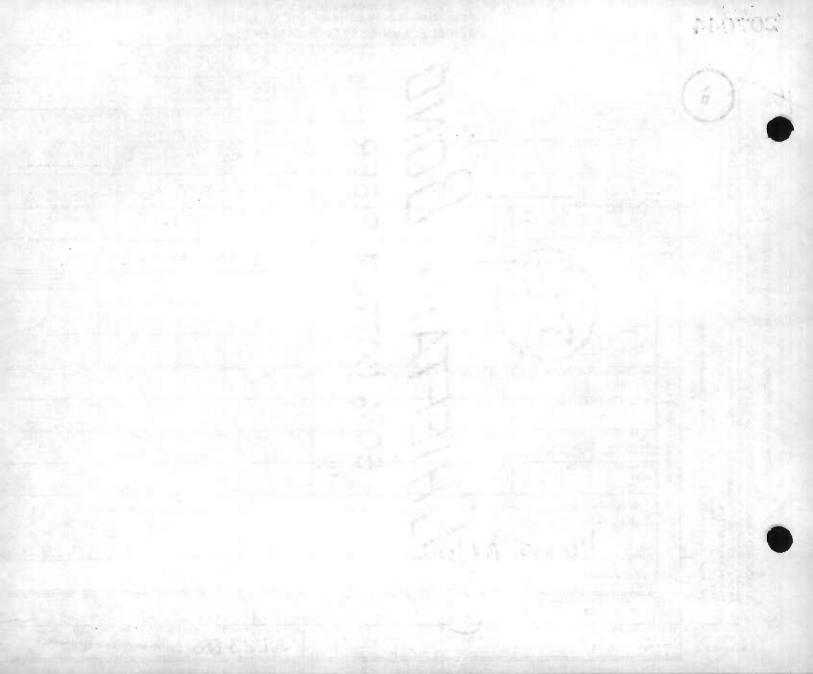
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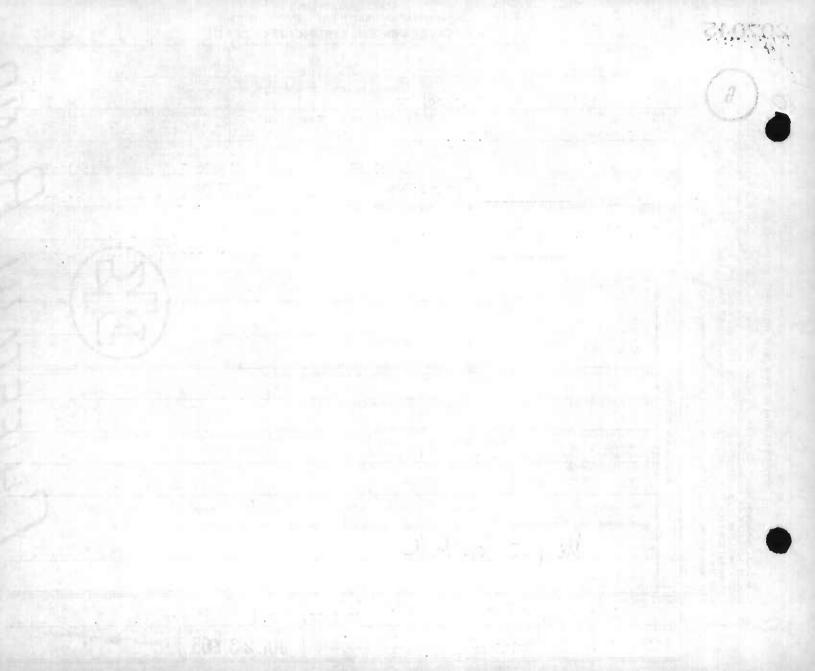
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three Europeis Me

STATE OF MARYLAND 207044 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE KNOWN X . DECEASED NAME (TYPE OR PRINT) OF ESTI-Martin Ned Standish 18/19 85 4. RACE 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White Jan 1, 1976 18/ 19 85 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED V FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Student OR INDUSTRY RM PM 3. RETAIN PA 1 AND 2 SHOULD BE FI 1 OF VITAL RECORDS-2 Baltimore 1725 Bank St. 3ª STATE 13d. INSIDE CITY LIMITS? 2105 E. Lombard Street Maryland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Standish Nancy Jane Peterkin Peter BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION C VATION, OR REMOVAL. Camposprings, Md. 20748 218-84-3622 Ernest Peterkin 7118 Westhaven Dr. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7/ 18/19 85 subject drowned THE PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 1725 Bank St., Balto. City, Md. home TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERA DIRECTOR: PARTIES DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2. 27e I certify that I taak charge of the remains described above, held on Homicide X TITLE (SPECIFY) 7/19/85 Assistant MEDICAL EXAMINER DATE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION STATE July 21, 1985 Security Process, Ind Baltimore Co Cremation 07/84 BP. The Dippel Euneral Homes, Inc. **DHMH - 17** una Navidson-Handale (VR A15 ME (5)) 7110 Belair Road Baltimore, Maryland 21206



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED Peter Standish 18/19 85 4 RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST SIRTHDAY PRONOUNCED DEAD Male White Sept 15,1939 45 18/19 85 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City, WIDOWED ... DIVORCED New Jersey
ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 1725 Bank St. Baltimore Clerical Hospital SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Balltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO L Marvland Bank Street M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Franklin E Camps Springs, Md. 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Ernest Peterkin 7118 Westhaven Dr. 20748 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 to 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [APDED TO THE CI CE 1 SHOULD BE TE DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 18/19 85 subject hanged self 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 1725 Bank St., Balto. City, Md. Autopsy X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Suicide X death resulted from: Homicide TITLE (SPECIFY) 7/19/85 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 111 Penn St. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation July 21, 85 | Security Process, Inc. Baltimore Co., Md. 07/84 BP. 24 FUNERAL DIRECTOR The Dippel Funeral Homes, Inc. 25AA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 7110 Belair Road Baltimore, Md. 21206 (VR A15 ME (5))



FOR

REGISTRAR

FIRST

(STATE OR FOREIGN

South Carolina

4 RACE

DECEASED NAME

- STATE

203188

tor, page 3

| | | LAND |
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WIDOWED

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NEVER MARRIED

DIVORCED

REG. NO.

9 BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER I YEAR

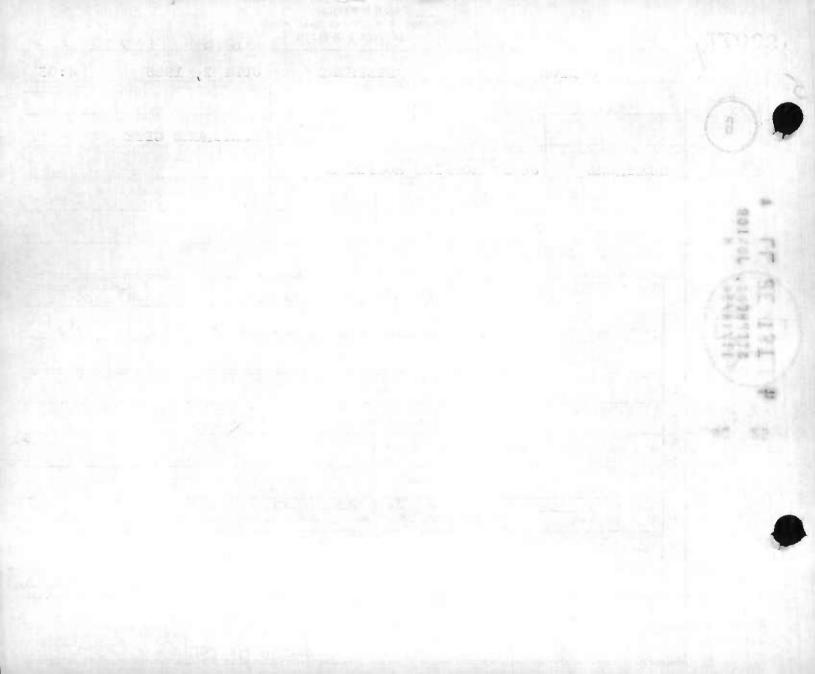
20. DATE OF DEATH

|). CI | TY OR TOWN OF DEA | TH 11. | NAME OF H | IOSPITAL, NU | JRSING HOME | OR OTHER IN | STITUTION | | OCCUPATIO | | 12b. KIND C | OF BUSINESS OR |
|---------------|---|-----------------------------|-------------------------|--------------|--------------------|-----------------|------------------------|-----------------|-----------------|-----------------|-------------------------------|----------------------------------|
| 6 | baltimo | re 1 | w | nan | Park | Kos | 2,500 | | tired | TO GRANGE EN E) | II DOSTKI | |
| | AL RESIDENCE (IF NURSI | | | 136. CITY_OR | | YES 🔼 | CITY LIMITS? | 303 | ADDRESS / | ZIP CODE | K Rd | Ballotti |
| L FA | Monroe | MIDI | DLE | Sta | rnes | | endy | IAME | WIDDLE | W | illiar | ms |
| | VAS DECEASED EVER | | D FORCES? | 16b SOCIAL | SECURITY NO. | 17_INFORA | | | ADDRES | | | |
| - 1 | yes, no or unknown) | (IF YES, GIVE W. | T OR DATES) | 216-0 | 5-0769A | Mrs. | Betty | Starne | s 3810 | Beech | Ave. | 21211 |
| | | AS CAUSED B IMMEDIATE C | Y. AUSE (a) | One | EOUENCE OF | en | caph. | alo | park | 3 | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | Canditions, if any, gave rise to imm cause (a), stating underlying cause | nediate g the s last. | (c) | Pul | EQUENCE OF | any | En | bol | بئ. | | | |
| Z O | PART 2. OTHER SIGN | IIFICANT CON | NDITIONS CO | - Q | P 10 DEATH BU | T NOT RELAT | ED TO THE TER | 1 0 | SE OR COND | A CPAS | PART II | Prostate La Long |
| CERTIFICATION | 190 DATE OF CHERATION 190 CONDITION FOR WHICH OPERATION | | | | ON WAS PER | | 20a AUT | OPSY? | 20b. IF YES, V | NG CAUSES | NGS USED S OF DEATH? NO | |
| CAL CER | 216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC | AUSE OF DEATH | 21b. TIME O HOUR A./ | M. MONTH | DAY YEAR | | INJURY OCCU | JRRED (ENTERN | ATURE OF INJURY | IN ITEM 18 PART | I OR PART 2) | |
| MEDI | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR | ILE [| 21e. PLACE (| | FFICE, FARM, ETC.) | 211 LOCA STR | | | CITY OR TOW | /N | COUNTY | STATE |
| | 22a. certify that (1) saw the decease above, (1) (we) (d | d alive on | 711 | VI | 77 6 1 | | y) (aur) apınic | 5, ta | ed on the dat | te and hour a | nd from the | |
| | 226. SIGNATURE 226. PHYSICIAN'S NA | ento | 2, | uce | 20 | DEGREE MD | ATTENDING PHYSICIAN | MEDICAL DIRECTO | STAFF | | 22c DATE | 1/80 |
| | Shant | a | Succ | 119 | | 310 | owo | man | Park | die | e B | उक्स यह ना |
| | BURIAL, CREMATION, (SPECIFY) Burial | REMOVAL | 7/15/ | 85 | Meadov | | Mem. P | (1) | timore | | M | aryland |
| | uneral director A. Ålan Sei | itz, Jr | . 3818 | Rolar | id Ave. | 21211 | 25a. D | ATE REC'D. BY | REGISTRAR 2 | Sh REGISTRA | | P |
| | | | | | | | <u>U</u> | UL + A | NO 1 | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)



| FILE WELL AND | |
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| A.2.U Laware | 6.11 |
| DIRTO D. SESSTEMAND CONSTRUCT CONTROL | |
| A BALTO X BEZZ KAMONA AVEL | $\mathcal{L} = (A)$ |
| Tage Tour Many Lonning | |
| No. 117-07-9068 M. Koll F. Stange - 8227 Plumon | |
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| Lucia 7-1385 Engineer Con SARTO, MI | |
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| | 1 | FOR | | STATE OF MARYLAND | | |
|---|---------------|--|--|---|---|---|
| 13030 | 1- | STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 14 | 1 9 8 0 6 |
| 13030 | i. DE | CEASED NAME FIRST | MIDDLE | LAST | REG. NO. | NTH DAY YEAR 26, HOUR |
| 2 m.f. | | Elsie | K | Stevens | Jul | 4 18 1985 5 DM |
| 4 4 | 1, 5E | | RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHD | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 8 90 / | 1 | emale | White | Aug 9 189/ | 93 | YRS. |
| # 80 CM | | OUNTRY) | CITIZEN OF WHAT COUNTE | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR | OUNTY OF DEATH |
| 1 11 /12 | 10.51 | TY DE TOWN OF DEATH | U.S.A | WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION | 1 DA/til | noce City MD. |
| 1 42/ | 10 | -11: // | LIF NOT IN SUCH FACILITY GIVE STI | REET ADDRESS) | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W | ORKING LIFE) INDUSTRY |
| E | USU | L RESIDENCE (IF NURSING HOME OR OT | PANCIS LO | | Pausecui | te Mome |
| 1 11 25 | 11/ | Ryland Ken | | RTOWN YES NO [| 13e. STREET ADDRESS | Ling Fon Auto |
| 12 17 | 19.50 | THER'S NAME | DLE (AST | 15. MOTHER'S MAIDEN N | | The fort field |
| 10 /1/ | 1 | William | 1/ | mp | | Robinson |
| dicol / | | AS DECEASED EVER IN U.S. ARME | | 1 01 0 - 1 | 2 1 1 ZI ADDRESS | Berthany Beach |
| - 00 | - | NO NO | 212-14 | 1-3396 Denjamin 1 | Colphotevens | , Delawake, |
| 100 1 | | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B | BY: | and (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 100 | | IMMEDIATE | | e facilità | | |
| 1 | | Conditions, if any, which | DUE TO, OR AS A CONSE | well chest, and | | |
| 1114 | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE | 0 | 3 - | |
| d by of co | | underlying cause last. | (c) | | | |
| of the last | z | PART 2 OTHER SIGNIFICANT CO | nditions <u>contributing</u> 1 | O DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDIT | ION GIVEN IN PART 1(a) |
| 11817 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFORMED | 20a AUTOPSY? 2 | Ob. IF YES, WERE FINDINGS USED |
| 1111 | E S | 7/15/85 | bum wou | 1 | YES NO | YES NO NO |
| 100 | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH | 21¢ HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN | |
| 11111 | CAL | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 3 1985 House his | 1 | |
| # # P # | MEDIC | 21d INJURY OCCURRED | 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI | CE, FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| oche oche | 1 | WHILE NOT WHILE AT WORK | Home | 20 Washing | on the Cheste | MD 21620 |
| Hed | | 22a.1 certify that (1) (this haspital) saw the deceased alive an |) attended the deceased fra | | death assured as the date | and haur and fram the causes stated |
| HECT TO BE TO BE T | | abave, (I) (we) (did) (c)d not) v | view the bady after death. | DEGREE | death accurred an the date | 224. DATE SIGNED |
| # Dep | | IN SIGNATURE | 00 | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 1 1/10/04 |
| FUNERAL old be det of the Stute | 1 | 224. PHYSICIAN'S NAME ITYPE OR PE | RINT) | 22e ADDRESS | DIRECTOR PHYSICIAL | 11/0/02 |
| PORT / | 4 | Andrew Le | 2 | Francis S | cott Key V | udical Center |
| 2513 | | URIAL CREMATION, REMOVAL | 23b. DATE 2 | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY A STATE |
| P | | Burial | July 1 | lad Fellows Cem | . Smyena | Kent- Delawar |
| 16 30M 2/B0 | 24 FL | INERAL DIRECTOR | Agores | 250. DA | ATE REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNATURE |
| /RA 15, 4) | 11 | 2110WS tuneral | Home Mi | lington, Ma. 111 9 | 1 The Gula D | and gray- house |

And Andrew And Andrews Andrews



STATE OF MARYLAND

DEPARTMENT OF HEALTH AN CERTIFICATE O

5. DATE OF BIRTH

MARRIED | NEV

WIDOWED

| ID MENTAL HYG F DEATH | S SREG. NO. | 9 | 3 | 0 | 8 |
|--------------------------|--|--------|--------------------|-----------|--------|
| WART | JULY 24 B | 5 | YEAR | 15 HOL | |
| 1901 | 6 AGE (IN YEARS LAST BIRTHDAY) YRS | MONTHS | DAIS | IF UNDER | MIN. |
| ER MARRIED K | BALTIMORE CITY OR COUNTY | OFDI | EATH | | M |
| NSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF | | . KIND C DUSTRY | F BUSIN | ESS OF |
| E CITY LIMITS? | 13.STREET APPRESS / ZIP CODE 1058 argyle | A | Z veni | 122 ie | 5/ |

| James | | St | Pattie | | | | | | |
|-------|---|---|--------------------------------------|---------|-----|---------------------|------|------------------------------------|--------------------|
| | | U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) | 166. SOCIAL SECURITY NO. 413-34-3934 | Goldie | N. | ADDRESS Phillips | 1102 | Druid | Hil |
| | PART I. DEATH WAS | | Heart Fully | | | | | APPROXIMATE IN BETWEEN ONSET AT | TERVAL ND DEATH |
| 90 | onditions, if any, vove rise to imme use (a), stating iderlying cause | which (b) diate the DUE TO, C | R AS A CONSEQUENCE OF | | | | | | |
| N P | HATIN FI | will ation, | ACURE CVA & | fever + | 613 | uves, UTI | | PART NO | ED |

13d. INSID YES NO

15 MOTHER'S MAIDEN NAME

21¢ HOW INJURY OCCURRED

22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 29 July 19

FIRST

4 RACE

MIDDLE

LUANNA

76 CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

LAST

IVE RESIDENCE BEFORE ADMISSION 131. CITY OR TOWN

DEGREE

22e. ADDRESS

21f LOCATION

STREET

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN

NO

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

CITY OF TOWN

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

22c. DATE SIGNED

230 BURIAL CREMATION

Burial 24 FUNERAL DIRECTOR

MA

1 b. DATE 7/30/85 Cedar Hill Cem.

216 TIME OF INJURY

P.M

21e PLACE OF INJURY

AT HOME STREET, FACTOR

HOUR A.M.

22 23c. NAME OF CEMETERY OR CREMATORY

Anne Arudel Co., Md.

STATE

NO T

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT

Wm C March F/H

1101 E. North Ave.

DAY YEAR

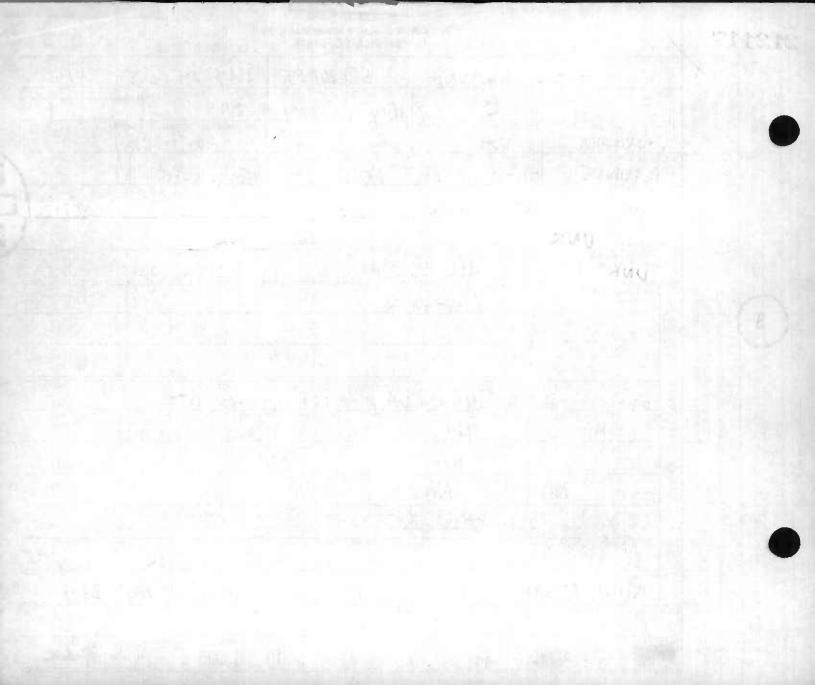
CE FARM, ETC)

25a DATE REC'D. BY REGISTRAR

IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES



Davidson-Mandage

(VRA 15, 4)

the same of the sa

(VRA 15, 4)

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AL HYGIENE

| 1- | STATE REGISTRAR | DEFAR | CERTIFICATE OF DEATH | REG. NO | 19811 | | | | |
|---------------|---|--|-----------------------------------|--|---|--|--|--|--|
| | CEASED NAME FIRST | WIODIE | LAST | 20 DATE OF DEATH | MONTH DAY YEAR 26 HOURS D | | | | |
| (I YPE | OR PRINT) | ROSELLA & | STONEFIFER | JULY 23, | 1985 11:51 _M | | | | |
| 3. SE. | x | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIR | HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS | | | | |
| 1 | FE | CAUC | AUG DAY 13 YEAR | 1924 5 | × YRS | | | | |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIE | BALTIMORE CITY O | RE CITY | | | | |
| M | ARTLAN | ID USH | WIDOWED DIVORCED | | MD. | | | | |
| 10 C | | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE | ING HOME OR OTHER INSTITUTIO | N 120 USUAL OCCUPATION OF THE OF WORK FOR MOST O | | | | | |
| P | BALTIMORE | | INS HOSPITAL | HOUSEN | FE HOUSE NOR | | | | |
| | AL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION GIVE RESIDENCE BEFO | PRE ADMISSION) | TS? 13e.STREET ADDRESS | ZIP-CODE 21157 | | | | |
| | MD CH | | TMINSTYES NO E | 1 1 0 0 1 | | | | | |
| 14. FA | ATHER'S NAME | MICOLE & LAST | IS. MOTHER'S MAIDE | N NAME MIDDLE | LAST | | | | |
| 1 | HARVEY | HAR. | E FA | URENCE | | | | | |
| | WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SEC | URITY NO. 17 INFORMANT | ESIFER ADDRE | SS WESTMINSTER. M | | | | |
| - | NO | 179-20 | 2-9740 WALT. | ER 629 = | · DEEP RUN! | | | | |
| | 18 CAUSE OF DEATH (Enter | anly ane cause per line far iai, (b), o | ind (ch.) | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| -0 | PART I. DEATH WAS CAU | IATE CAUSE (a) FIRCTRICE | a mechanical | Discource | 2 hyrun | | | | |
| | | DUE TO, OR AS A CONSEO | UENÇE OF | | 111 | | | | |
| | Canditions, if ony, which | (b) Septre | Pulmonary | Com bolus | 1 hour | | | | |
| Н | gave rise to immediate cause (a), stating the | DUE TO, OR AS A GONSEO | UENCE OF | | 112 | | | | |
| | underlying cause last (c) And My Clanfial Infarction | | | | | | | | |
| 7 | PART 2 OTHER SIGNIFICAN | DITION GIVEN IN PART 110 | | | | | | | |
| CERTIFICATION | | T | | | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED | | | | |
| HC. | 198 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | WAS PERFORMED 200 AUTOPSY? 206 IF YES, WER IN CERTIFYING | | | | | |
| RT | | | Int. HOW BY HIS YOU | YES NO | YES NO NO | | | | |
| 100 | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | | DAY YEAR | CCURRED (ENTER NATURE OF INJUI | TY IN ITEM IS PART I OR PART ?] | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAM | INER) P.M. | 19 | | | | | | |
| WED | 21d INJURY OCCURRED | (AT HOME STREET, FACTORY, OFFICE | FARM ETC) 211. LOCATION STREET | CITY OR TO | WN COUNTY STATE | | | | |
| | AT WORK AT WORK | | -5/1-1-3 | | 20 | | | | |
| | | ospital) attended the deceased fram | 200 | St. 10 guly | 19 83 , that (I) (we) lost | | | | |
| | | on Orly 23 19. | | oinian death occurred an the do | ite and havr and fram the causes stated | | | | |
| | 226. SIGNATURE | To 21 | DEGREE | ING MEDICAL STAI | PE 224. DATE SIGNED | | | | |
| | VICC | or Gory | PHYSIC 60 | | | | | | |
| | 22d. PHYSICIAN'S NAME (IV | PE OR PRINT! | 22e ADDRESS 60 | W. WOLLE ST. | BALTU, 21-U5, MD. | | | | |
| | YCL | DE LONG | 1000 | Marin Ve | | | | | |
| | BURIAL, CREMATION, REMOV | 1 | NAME OF CEMETERY OR CREMAT | ORY 23d LOCATION | COUNTY STATE | | | | |
| 10 | mal | puer 27, 0 | OHN LYTHER M | 11-LAR Nr. N. | ESIMINSTER !! | | | | |
| 14. 6 | UNERAL DIRECTOR | ADDRESS | 25 | O. DATE REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGNATURE and | | | | |

DHMH - 16 60M 7/84

10 FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Heal

(VRA 15, 4)

BP.

(- 16 50M 4/83 A 15, 4)

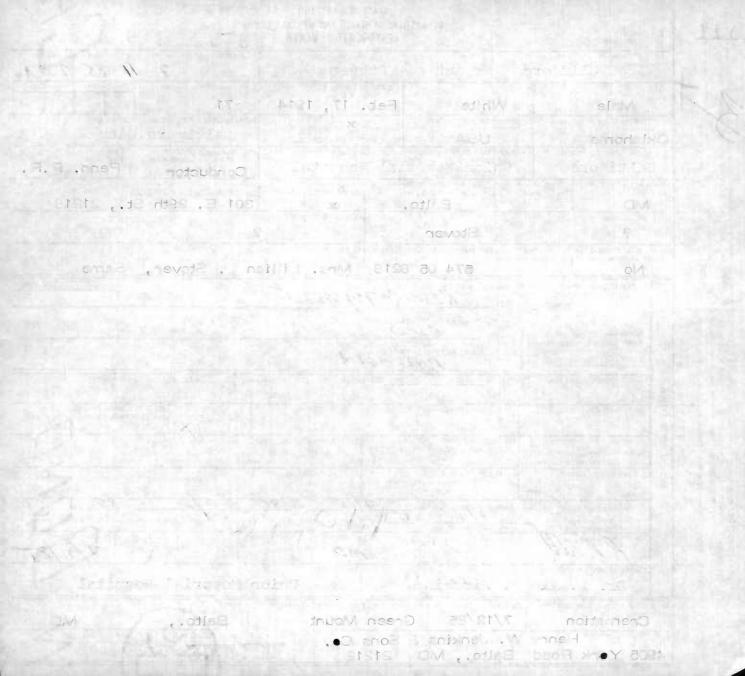
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FOR

STATE OF MARYLAND

| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
|---|
| |

| 9 | 1 - | REGISTRAR | | | | CERTIF | ICATE OF DEA | CERTIFICATE OF DEATH | | | | | 9012 | | | |
|---|---------------|--|----------------|-----------------|---------------------------------|----------------------------|----------------------|--|---------------------------|---------------|----------------------|---------------------------|----------|--|--|--|
| | | | RST | | AIDDLE | | A51 | | | MONTH | DAY YEAR | 26 HOUI | R | | | |
| 1.1 | (TYPE | Clif: | for | d Br | yant | St | over | 3124 | | 7 | 10 85 | 12:00 | AM | | | |
| 뷯 | J. SEX | X | | 4. RACE | | 5. DATE C | | 172 | 6 AGE (IN YEARS LAST BIR | (HDAY) | MONTHS DAYS | | 24 HR5 | | | |
| 1 | | Male | | Whi | te | Feb | | 914 | 71 | YRS | | HOURS | MIN. | | | |
| - | | RTHPLACE (STATE OR FOREK | GN | 76 CITIZEN OF | WHAT COUNTR | Y? 8 MARRIE | D NEVER MAR | RIED 🗆 | 9 BALTIMORE CITY O | _ | | | | | | |
| 5 | Ok | klahoma | | | SA | WIDOWE | D DIVOR | CED [| Baltime | | | 11.0 | MD. | | | |
| 11 | | TY OR TOWN OF DEATH | | | | DROTHER INSTITU Hospita | | 12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O | | HEEL INDUSTRY | OF BUSINE | | | | | |
| 7 | | Baltimore | 2440 | | | | HOSPITA. | | Conducto | | Penr | . R. | R. | | | |
| Z | 13a S | STATE 13b | COUN | | 13c. CITY OR TO | NWC | 134 INSIDE CITY | 1 | 13e STREET ADDRESS | | | 0.40 | | | | |
| ~ | | MD L | | | Balt | 0. | 15. MOTHER'S MA | AIDEN NAM | 301 E. 29 | ith S | st., 21 | 218 | | | | |
| 0 | III FA | ? FIRST | , | WIDDIE | Stover | | FIRST | | WIDDLE | | | AST | | | | |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA | | | | | | CURITY NO. | 17 INFORMANT | | ADDRE | 55 | | | 4 | | | |
| | | No | | | 574 05 | 8218 | Mrs. | Lillia | n L. Stov | er, | Same | | | | | |
| | | 18 CAUSE OF DEATH IE | nter on | y one couse per | line for 191, (b), | ond ici i | 1.0 | cri | | TINE. | APPRO BETWEET | XIMATE INTER | DEATH | | | |
| | | | | E CAUSE (o) | RESI | 18471 | eg 4220 | / | | | | | | | | |
| | | | | DUE TO, O | R AS A CONSEC | | | | | | | | | | | |
| Н | | Conditions, if ony, wh gove rise to immedia | nich iote | (b) | C.0, | PD | | | | | | | - | | | |
| | | couse to t, stating underlying couse to | | DUE TO, OI | R AS A CONSEC | VEUMO | SIA | | | | | | | | | |
| | | PART 2 OTHER SIGNIFIC | CANITO | (c) | | | | THE TEDANI | NAL DISEASE OF CON | DITION G | IVEN IN DADT | 101 | | | | |
| H | N O | TART 2 OTHER SIGNIFIC | CAIVI | ONDITIONS CC | ZIN I KIBOTINO I | O DEATH BOT | NO! KELATED TO | THE TERMIN | IVAL DISEASE OR COIN | DITION | NACIA NA LWK | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 7 | 196 CONDI | TION FOR WHI | CH OPERATIO | N WAS PERFORME | ED | 200 AUTOPSY? | | ES, WERE FIND | | | | | |
| 6 | TIF | | | | OPL R | | 10.0 | | YES NO | YES 🗌 | ING CAUSES OF DEATH? | | | | | |
| 2 | | OR CONTRIBUTING CAUSE | | 21b. TIME O | FINJURY M. MONTH | DAY YEAR | 21¢ HOW INJUR | Y OCCURRI | ED (ENTER NATURE OF INJUI | RY IN ITEM 18 | B PART 1 OR PART 2) | | | | | |
| | CAL | (IF EITHER NOTIFY MEDICALE | | P., | Μ. | 19 | | | | | | 5500 | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | | 21e PLACE (| OF INJURY EET, FACTORY, OFFK | CE, FARM ETC) | 211 LOCATION | | CITY OR TO | WN | COUNTY | SI | TATE | | | |
| | | AT WORK AT WORK | | | | , | 1 | 0 | -1 | 516 | 200 | | - | | | |
| | 3 | sow the deceased a obove (1) we) did | Name of Street | - | / | - | nd that is (my) (our | r) opinion d | eoth occurred on the do | ote and he | our and from th | , that (1) (we couses sto | ve) Jost | | | |
| Ħ | 38 | 22b. SIGNATURE | TEL | i view the body | oner deom. | N 1 | DEGREE | - 17, 5 | All Lands | 7.37 | 22c DAT | E SIGNED | , | | | |
| | | 1. 1. W | W. | | | | | SICIAN [| MEDICAL STAI | | 7 | 11/8 | 1 | | | |
| 1 | | 22d. PHYSICIAN'S NAME | | | | | 22e ADDRESS | | | 7 | | 7776 | | | | |
| | | Dr. L. | | | tchin | | <u> </u> | | n Memoria | T HC | spita. | L | | | | |
| | | BURIAL, CREMATION, REM Cremation | AOVAL | 236 DATE | | | EMETERY OR CREA | MATORY | 23d LOCATION | | COUNTY | | TATE | | | |
| | | | | 7/12 | | | Mount | 250 DATE | Balto. | 25h PECI | STRAR'S SIGNA | MD | | | | |
| | 40 | UNERAL DIRECTOR HE | nry | VV. Je | PIKINS | & Sons | s Co. | 1110 | TE TOOP | | ALPERTAL MARKET IN | Sindal . | | | | |
| | 45 | 905 Yerk R | oad | Baite | ., MD | 212 | 212 | UUL. | 10 200 | CHOCK K | CATAL METERS AND I | | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE 2101882 REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-7-21-85 MARY STRONG 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 6:14P DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORFIGN COUNTRY DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Baltimore Lutheran Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE ADDRESS IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSI** Canditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS NO X SHOULD BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinion Notural causes XX Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE-22-85 SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. 230 BURIAL, CREMATION, REMOVAL 235 DATE 23d LOCATION COUNTY 07/84 25M **DHMH - 17** 5 (VR A15 ME (5))

-187018

18. 60 85. 35h Miller D. Elly

25 F. C. S. B. C. L. L.

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31670-6 254 BUS PARTICE ROLLING SOFTHWARE FOR

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| STATE | OF | MARYLAND | |
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| DEPARTMEN | T OF | HEA | LTH | AND | MENTAL | HYGIEN |
| - | | 1010 | 4 70 | - | D.P. A. TILL | |

| 1 | FOR | | DEPART | MENT OF H | EALTH AND MENTAL HYGI | IENE | | | | |
|---------------|--|--------------------------|-------------------------|-------------|---------------------------------|-------------------------|---------------|------------------|---------|----------------|
| | - STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0. | 9 8 | | 2 |
| | CEASED NAME FIRST | | MIDDLE | - | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2 2b | HOUR. |
| (146) | E OR PRINT) WILBUF | | E. | STU | JDLI | 194 - 24 | 7 | 13 85 | , | 7:20pm |
| 3. SE | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BI | RTHDAY) | IF UNDER 1 YE | | UNDER 24 HRS |
| | Male | Whi | te | 3 | 24 24 | 61 | YRS | MONTHS DA | YS HI | OURS MIN. |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9. BALTIMORE CITY | OR COUN | TY OF DEATH | 1 | |
| IM | ew Tork | U.S. | .A. | WIDOWE | | Balt | imor | e City | | MD. |
| | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | | BUSINESSOR |
| B | altimore | VAMC I | BALTIMORE | , MD | 21218 | Technician | L | Ma | stat | te Hosp |
| JSU 3a | STATE TE NURSING HOME | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 1 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 7IP CO | DE | | |
| M | | A.A. | Baltimo | | YES NO XX | #10 Ballma | n Coi | urt 212 | 225 | |
| (4. E | ATHER'S NAME | MIDDLE | | | 15. MOTHER'S MAIDEN NAM | | 10351 | | | |
| V | Emil | WIDDEE | Studli | | Ruth | WIDDLE | | Roc | ckwe | ell |
| | WAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADDR | ESS | | | |
| 1 | Yes, no or unknown) (IF YES, O | V 11 | 059 18 | 1089 | Betty E. Stu | udli Same | as l | 3e | | |
| | 18 CAUSE OF DEATH Enter | only one cause per | r line for ioi, (b), on | d (c | | | | APPI BETWE | ROXIMAT | TE INTERVAL |
| | PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (0) | Cardiac | | vre | | | | | |
| | IMMEDI | | | | | | | 13 1900 | | |
| | Conditions, if ony, which | DUE 10, O | Sepsis a | ind An | aemia | | | | | |
| | gove rise to immediate | 10, | | | | | | | | |
| | couse (o), stating the underlying couse lost DUETO, OR AS A CONSEQUENCE OF Myelobysplastic syndrome | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO | | | | | | | | | |
| Z | | | | | | | | | | |
| FA | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | ES, WERE FIN | | |
| CERTIFICATION | | | | | | YES T NOT | 1 | TIFYING CAU: | | F DEATH? |
| CER | 210 ACCIDENT WAS UNDERLYING | | | | 214. HOW INJURY OCCURR | | IRY IN ITEM 1 | 8 PART I OR PART | 2) | |
| | OR CONTRIBUTING CAUSE OF D | CAIN | | AY YEAR | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMIN | | M. OF INJURY | 19 | 21f LOCATION | | | | | |
| ME | WHILE NOT WHILE AT WORK | (AT HOME STI | REET, FACTORY, OFFICE F | ARM, ETC) | STREET | CITY OF TO | NWO | COUNTY | | STATE |
| | 22a L certify that X (this has | oital) attended th | ne deceased from | ППУ | 3 19 85 | toIII.Y | 13 | 19.85 | tha | at XX we) last |
| | sow the deceosed olive on above, X (we) (did) Dix | T | 4 400 | | nd that in (ax) (our) opinion d | | ote and h | | | |
| | 22b. SIGNATURE | at I view the body | ofter death. | | DEGREE | | | | AJE SIC | |
| | Les Wik | You A | MD | | ATTENDING _ | MEDICAL STA | | 171 | 14 | -10- |
| 1 | 22d. PHYSICIAN'S NAME (TYPE | | | | PHYSICIAN 22e ADDRESS | DIRECTOR PHYSI | LIAN | 1 // | / - | 101 |
| | Lee Liu M | .D. | | | 3900 Loch Ro | aven Blvd. | Balt | imore 1 | MD : | 21218 |
| | BURIAL, CREMATION, REMOVA | L 23b. DATE | 230 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | |
| | (SPECIFY) Burial | 7/18/ | 85 Md | Vete | rans Cemetery | Crownsvil | le | A.A. | | Ma |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows

George J. Gonce 4001 Ritchie: Hgwy Balto Md

Md

with extinct the . Com State In State Control of the get den name to other one organistics .A.A. Braine Total one of the land of the l be a representation of the restaurance of the resta - STATE REGISTRAR STATE OF MARYLAND HEALTH AND MENTAL HYGIENE

| 10 INS | HEALIH | ANU | WFMI | ALH |
|--------|--------|-----|------|-----|
| CERTI | FICATE | OF | DEAT | H |

REG. NO.

| 0 | 3 | 0 |
|------|-----|------|
| YEAR | 2b. | HOUR |

| SEDNAME | 1857 | MIDDLE | LAST | 20 DATE OF DEATH MONTH |
|---------|--------|--------|-----------------|--------------------------------|
| (m/z) | BEULAH | R | SUGARMAN | JULY 31, 1985 |
| | I DACE | | E DATE OF BIRTH | A AGE (INIVEADS LAST RIPTHOAY) |

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

| Or. | OPLAN. | JUUNINI |
|--------|---------|------------------|
| EX | 4. RACE | 5. DATE OF BIRTH |
| REMALE | STATE | FFR 22 DAY 19 |

USA

7h CITIZEN OF WHAT COUNTRY

IF UNDER 1 YEAR

BIRTHPLACE STATE DESCRIPTION MARYLAND

NEVER MARRIED DIVORCED

BALTIMORE CITY

BALTIMORE CITY OR COUNTY OF DEATH

73

120 USUAL OCCUPATION

17h KIND OF BUSINESS OR ATTHOME

USUAL RESIDENCE (IF NURSING

B. CITY OF TOWN OF DEATH

DAVID

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOPKINS HOSPITA

134 INSIDE CITY LIMITS?

APT. D PARK HTS AVE.

MARYLAND A FATHER'S NAME

BALTO.

TISSENBAUM

DOLYST

15 MOTHER'S MAIDEN NAME FANNIE

GELSTEIN

WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 217-07-3744

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE to:

CATES

17 INFORMANT ROBERT SUGARMAN'S APT. D 7231 PARK HTS. AVE. BALTO., MD

21208

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5 min.

Conditions, if any, which gove rise to immediate cause in stating the underlying couse lost DUE TO, OR AS A CONSTOURNICE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

breast cancer

a mo.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

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|-----|-----|
| A | 164 |
| v | |
| E . | |
| E . | |
| # | 210 |
| 4 | OF |
| 3 | 1 |

ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

ttended the deceased from

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20a AUTOPSY?

CONTRIBUTIONS CAUSE OF DEATH EITHER NOTEY WEDG ACEXAMINERS THE MUURY OCCURRED (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

21e PLACE OF INJURY

211 LOCATION CITY OF TOWN COUNTY

22a I certify that (I) (his hospital)

22e ADDRESS

opinian death occurred on the date and haur and from the causes stated

20b. IF YES, WERE FINDINGS USED

N CERTIFYING CAUSES OF DEATH?

above, (1) (we) (did) (did nat) view the bi 22% SIGNATURE

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR | PHYSICIAN 22c. DATE SIGNED

STATE

MD

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO MESS, MD 21215

25a. DATE REC'D.

DHMH - 16 60M 7/84 (VRA 15, 4)

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1 - 190 - 30m " .

FLOWER TOO TO THE DOTAL STATE

The state of the s

an entire and the same the same the same and the

injury, or other traumotic event, the media

IMPORTANT: If frem 21 is marked or frem 18 shows any

DHMH - 16 50M 4/83 (VRA 15, 4) FOR STATE REGISTRAR

| ST | AT | E | OF | M | AR | YL | AP | į |
|----|----|---|----|---|----|----|----|---|
| | | | | | | | | |

9

REG. NO.

8

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| 4 | DECEASED NAME FIRST | MIDDLE | - L | AST | 20 DATE OF DEATH | MONTH DAY | YE AR | 26 HOUR | |
|---|---|---|---|----------------------------------|--|--|-----------------------------------|----------------------------|----------------|
| ı | (TYPE OR PRINT) RAY | BENJAMIN | SUNDER | RLAND | | JULY 22, | 1985 | 1025 | AM |
| 4 | 3. SEX 4. I | RACE | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIR | | UNDER TYEAR | IF UNDER 2 | |
| ı | MALE | WHITE | JULY | 26, 1916 | 68 | YRS. | NIHS DAYS | HOURS | MIN. |
| 4 | | CITIZEN OF WHAT COU | INTRY? 8 | During warner D | BALTIMORE CITY | | F DEATH | | |
| 7 | MARYLAND | USA | WIDOWE | D NEVER MARRIED DIVORCED | Baltunie | city | | | MD. |
|) | Baltimore 11. | . NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV 1724 MARSHA | VE STREET ADDRESS) | | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SEAMAN (RE | ION SE WORKING LIFE) T) | 126 KIND OF INDUSTRY MERCHA | MARII MARII | SS OR NES |
| 7 | USUAL RESIDENCE (# NURSING HOME OR OTH 130 STATE 130 COUNTY | 13c. CITY,C | | 134 INSIDE CITY LIMITS? | 13. STREET ADDRESS 115 NORTH | ZIP CODE BRADFO | RĎ ST. | 21 | 224 |
| 2 | 14 FATHER'S NAME FIRST BENJAMIN HARRISON | | AST | ELISTA | M . | | EMMIN2 | ZER | |
| - | 168 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W | (AP OP DATES) | USECURITY NO. | 17 INFORMANT (MOT MRS. ELISTA | | ^{ESS} 201 F GLEN BU | | | |
| | 18 CAUSE OF DEATH (Enter only of | one couse per line for (o), | (b), and (c).) | | | | BETWEEN | MATE INTERV | DEATH |
| | PART I. DEATH WAS CAUSED B | | Liopulma | nav Arre | et | | 1. | ins | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CON (c) Squ NDITIONS CONTRIBUTION 196. CONDITION FOR | SIS USEQUENCE OF AMOUS NG TO DEATH BUT | n was performed | 200 AUTOPSY? YES NO | 206 IF YES, V IN CERTIFYIN YES [| | | H? |
|) | | HOUR A.M. MONT | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | I OR PART 2) | | |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK AT WORK | P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY) | OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | 51 | ATE |
| | 22a. I certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) v 22b. SIGNATURE | July 19 | 19 <u>_85</u> , or | nd that in (my) (our) opinion | | | nd from the c | that (I) (w causes stat | e) lost ted |
| | 724 PHYSICIAN'S NAME (TYPE OR PR | Jonow | TOTAL | PHYSICIAN 22e ADDRESS | MEDICAL STA | IAN | 110 | - 2 | 05 |
| | DOROTHY | A SNOW |) | 3900 2 | och Rave | en Bl | ud | Bal | t.M. |
| | (SPECIFY) | 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | OUNTY | ST | ATE |
| | BURIAL | JULY25,1985 | LOUDON I | PARK CEMETERY | BALTIMORE | CITY | | MD. | |
| | 24 FUNERAL DIRECTOR SINGLETON FUNE | ERAL HOME GI | LEN BURNI | 1.4 | TE REC'D. BY REGISTRAR | //I | R'S SIGNATI | | 6. |
| | | | | 8 | | 1 | 1 7 6 | 1.4 | at a |



| | | | | STATE OF MARYLAND | | |
|-----|------------|--|--|-------------------------------|---|---|
| 22 | 1 | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL H | IYGIENE | |
| CON | 1. | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 9 3 1 3 |
| | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | TYPE | ORPRINT) Baby | Boy David A. | Swassorty | 7 | 28 85 618 AM |
| 8. | 3 SE | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | | male | white | MONTH DAY YEAR | | MONTHS DAYS HOURS MIN. |
| A. | 7n BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 7 24 85 | 9 BALTIMORE CITY OR COUN | |
| L | | OUNTRY) | | MARRIED NEVER MARRIED | | a.1 |
| - | | ary land | USA | WIDOWED DIVORCED | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 20 | 10 | Baltime | (IF NOT IN SUCH FACILITY, GIVE STREET | ADDRESS) | TYPE OF WORK FOR MOST OF WORKING | |
| 0 | DIST | AL RESIDENCE (IF NURSING HOME O | Chiversity ROTHER INSTITUTION, GIVE RESIDENCE BEFORE | of Marylan | 110110 | |
| 50 | 130, 9 | TATE _ NILCOU | NTY 130 CITY OR TOW | N 13d INSIDE CITY LIMITS | | |
| 9 | | aryland - | Baltimo | | 133 E.Birckl | nead St. Balto |
| | 14. FA | THER'S NAME | MIDDLE. LAST | 15 MOTHER'S MAIDEN | MIDDLE | LAST |
| 10 | | Charles C | ecil Swagger | ty, Jr. Sherr | J | Grimes |
| 1 | | AS DECEASED EVER IN U.S. AF | VE WAD OD DATES! | | ADDRESS | |
| | 1 | ES, NOOR UNKNOWN) (IF YES, GI | None | Mrs.Elain | e Grimes, Same | as above |
| | | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (a), (b), on | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSE | ED RY. | Arrest | | |
| | | WWWEDW | | | | |
| | | Conditions, if any, which | DUE TO, OR AS A CONSEQUI | | 4 1 | |
| | | gove rise to immediate | | | tory failure | |
| | | underlying couse last | DUE TO, OR AS A CONSEQUE | | distress syndro | |
| | | DART 2 OTHER SIGNIFICANT | | | ERMINAL DISEASE OR CONDITION (| |
| | NO | TAKE OTTER SIGNATIONAL | CONDITIONS CONTRIBUTIONS | DEATH BOTHOT RELATED TO THE T | ERMINAL DISEASE OR CONDITION | SIVEIN IN FAKT 110 |
| 71 | AT | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF | YES, WERE FINDINGS USED |
| 9 | CERTIFICAT | | The strong | | | TIFYING CAUSES OF DEATH? |
| 5 | ER | 21g ACCIDENT WAS UNDERLYING | 7 216 TIME OF INJURY | 21c HOW INJURY OCC | URRED (ENTER NATURE OF INJURY IN ITEM I | |
| a | | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH D. | AY YEAR | (Eliter andre of hijori haring | o rake i Okt akt s) |
| 1 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 211 LOCATION | | |
| | MED. | | 21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE F | | CITY OR TOWN | COUNTY STATE |
| | | AT WORK NOT WHILE | | | | |
| | | | ital) ottended the deceosed from_ | | 85 to 7/28 | |
| 9 | | sow the deceased alive or above, (1) (we) (did no | n 7/28/85 19 triew the body after death. | , and that in (my (our) apin | on death occurred on the date and h | nour and from the causes stated |
| | | 226 SIGNATURE | ~ ~ 1 | DEGREE | | 220 DATE SIGNED |
| | | Much | all a Stocker | ATTENDING PHYSICIAN | | 7/28/85 |
| 1 | 1 | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | | |
| | | | | | | |
| | 23n F | URIAL, CREMATION, REMOVAL | 23b. DATE 23c 1 | NAME OF CEMETERY OR CREMATOR | RY 23d LOCATION | |
| | | SPECIFY) Burial | July 31, 1985 | Cedar Hill Cen | nt. Balto. | A.A.Co Md. STATE |
| | | | 1 - 7 - 7 | | | neneou liu. |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

McCurry Funeral Home, 130 PE: Fort Ave. Balto.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Atia Vavidson-Randess.

Md.

A.A.Co

Section 1

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Mary Late Committee of the State of the Late of the State of the State

192054

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CERTIFICATE OF DEAT | 8 5 REG.N | 10.19819 |
|--|---|---|-------------------------------|--|
| 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26. HOUR |
| Josep | hine | Szczybor | 7 | 13 1985 M |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BI | RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| Female | Cauc. | 12 29 19 | 24 60 | YRS. |
| Jo. BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? | 9. BALTIMORE CITY | OR COUNTY OF DEATH |
| Md. | U.S.A. | WIDOWED DIVORCE | | e City MD |
| Baltimore | (IF NOT IN SUCH FACILITY, GIVE ST | RSING HOME OR OTHER INSTITUTION REET ADDRESS) | | OF WORKING LIFE) INDUSTRY |
| USUAL RESIDENCE (IF NURSING HOM 130 STATE 13b. CC | OR OTHER INSTITUTION, GIVE RESIDENCE BE | OWN 13d. INSIDE CITY LIA | AITS? 130 STREET ADDRESS | ecker Ave. 21224 |
| 14 FATHER'S NAME FIRST Joseph | MIDDLE LAST | 15. MOTHER'S MAIL FIRST Mary | DEN NAME MIDDLE | Milosek |
| 160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | 6-0679 Frances | Grosskopf 2 | |
| PART I. DEATH WAS CAU | DIATE CAUSE (D) Relati | al cell con | cuosus. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 - 6 MOS |
| Canditions, if any, which | DUE TO, OR AS A CONSE | OUENCE OF | | |
| gave rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSE | OUENCE OF | | |
| | TO CLUM | TO DEATH BUT NOT RELATED TO THE | TE TERMINAL DISEASE OR COM | NDITION GIVEN IN PART 110 |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WA | ICH OPERATION WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \) |
| 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY | OCCURRED (ENTER NATURE OF INJ | URY IN ITEM 18 PART 1 OR PART 2) |

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

23b. DATE

21f. LOCATION STREET

CITY OR TOWN

STAFF

PHYSICIAN

COUNTY

STATE

22a I certify that (I) (this haspital) attaceed the (our) opinion death occurred on the date and hour (my) 22b. SIGNA DEGREE 224. DATE SIGNED

22d. PHYSICIAN'S NAME

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

MEDICAL

DIRECTOR

STATE Md.

DHMH - 16 50M 4/B2

MEDICAL

(VRA 15, 4)

BP.

Buria 24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Dabrowski

& Son 2818

E. Baltimore St.

ATTENDING PHYSICIAN

Cem,

Baltimore

250. DATE REC'D. BY REGISTRAR 250. RIGISTRAR SIGNATURE JUL 15 1985

| | THE STREET | | |
|---|-----------------|------------|-----------|
| 7 13 1985 | Ecephor | pilli | |
| 60 | 12 2 1 20 | , or 40 | 9 (== 94 |
| wil equilif | Х | .6.8. | .Pi |
| alegal on sup. Cova. | *9V 18/0 | J 186 M ge | allila . |
| 126 f. Decker .ve. 2122 | i mote it | J.Lea | .67 |
| Milosok Dut SH 21839 Melosok 2 lenger Dv. | spowers in wary | | dasarl. |
| | | | |
| | | | |
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| ba promisses | . Heldisone it. | | |

Sander& Sons, Inc. Baltimore, Maryland 2121B

BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

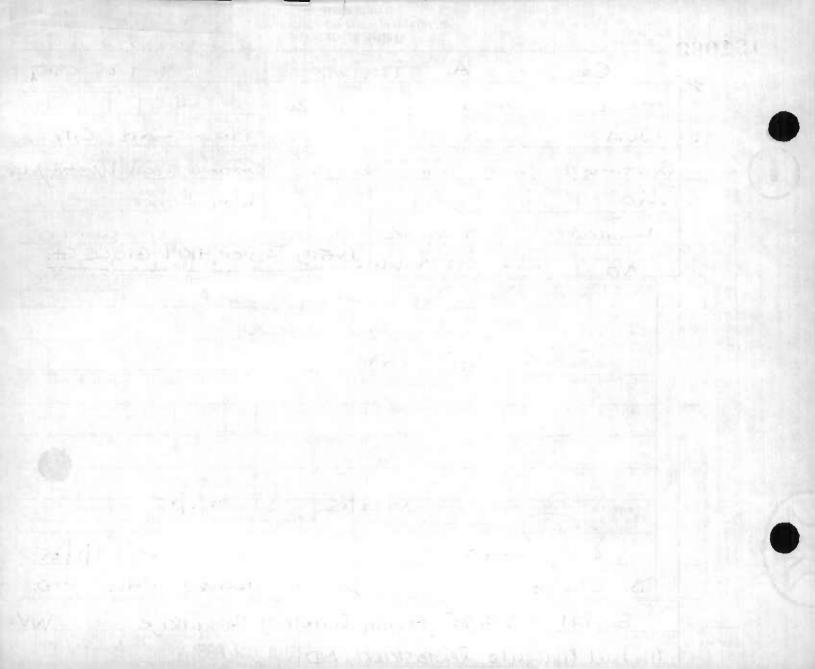
24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

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| 4 1 | | | | STATE | OF MARYLAND | | | |
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| man de la constante | 1. | FOR STATE | DEPA | | ALTH AND MENTAL H | YGIENE | | 13 1 |
| 91062 | | REGISTRAR | | | CATE OF DEATH | REG. N | | La l |
| | | EASED NAME FIRST | MIDDLE | LA | ST | 20 DATE OF DEATH | MONTH DAY YEA | - 1000 |
| deod 3 | | CALLUI | ~ A. | TAY | LOR | | 7 185 | 0815AM |
| - | . SEX | | 4 RACE | 5. DATE OF | F BIRTH DAY YEAR | 6. AGE (IN YEARS LAST BIR | | YEAR IF UNDER 24 HRS |
| s o s | V | MALE | WHITE | MONTH | 15 30 | SL | YRS. | |
| g 500 1 | | THPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8. | NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY OF DEAT | Н |
| 83 | | NUA | USA | WIDOWED | | 1 1 100 1 | 322sm | CITY MD. |
| P 1 | 0 CI | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | | OTHER INSTITUTION | 12e USUAL OCCUPAT | | ND OF BUSINESS OR |
| July 4 | B | ALTIMORE | Sutth Such FACILITY GIVES | | ENERSE | LIVPE OF WORK FOR MOST C | | restination |
| | USUA | L RESIDENCE (IF NURSING HOME OF | | | | Lu crorre appares | | 7/3/7/ |
| 33 | 13a. S | TATE 136. COUI | NIY BISC CITY OR I | | 13d INSIDE CITY LIMITS? | | | 21224 |
| i j | 4. FA | THER'S NAME | | | 15 MOTHER'S MAIDEN | NAME | | |
| | | ANDREW | MIDDLE LAST | Lorz | CLANZE | MIDDLE | (| nar no |
| 0 1 | | AS DECEASED EVER IN U.S. AR | | | | 4000 | | |
| ed og | | ES, NO OR UNKNOWN) (IF YES, GI | | 88616 | Or Lass | aylor 40 | H Grac | CGT. |
| h h | - | NO | | | | | | PROXIMATE INTERVAL WEEN ONSET AND DEATH |
| ovol ovol | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | D BY. | ond ic | enan (| | BETW | VEEN ONSET AND DEATH |
| rem | | IMMEDIA | TE CAUSE (O) Carrol | opeen | anary (| west | | |
| moti | | | DUE TO, OR AS A CONST | OUENCE OF | e) visc | | | |
| o to | | Conditions, if ony, which gove rise to immediate | (b) 1000 | 00000 | 2 0130 | us. | | |
| ther | | cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSE | OUENCE OF | 2 | | | |
| or o | | | ((0) 3 1 1 | 41 | <u>C.</u> | | | |
| lury, | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT I | NOT RELATED TO THE TE | ERMINAL DISEASE OR CON | DITION GIVEN IN PAR | ₹T 110 |
| , y | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WE | LICH OREDATION | LIMAS DEDECRASED | 20a AUTOPSY? | 20b. IF YES, WERE FII | NDINGSTISED |
| 000 | 75 | IN DATE OF OPERATION | 148 CONDITION FOR WE | TICH OFERATION | WAS FERT ORMED | | IN CERTIFYING CAL | USES OF DEATH? |
| shov | RT | 21a. ACCIDENT WAS UNDERLYING | 7 216 TIME OF INJURY | | 21. HOW INDUDY OCC | URRED (ENTER NATURE OF INJU | YES | но 🗌 |
| | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | ZICTION INJURY OCC | OKKED (ENTER NATURE OF INJU | RY IN HEM 18 PART I ORPAR | |
| lem | ICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | NU LOCATION | | | -(-)- |
| 0 0 0 | MEDI | 21d. INJURY OCCURRED | (AT HOME STREET, FACTORY, OF | FICE, FARM, ETC) | 211 LOCATION STREET | CITY OR TO | OWN COUNT | IY SPAIE |
| th or | | AT WORK AT WORK | | 1 1 50 | | | 97 | |
| is a | | 220.1 certify that (I) (this hosp | | | 8 85 19 | | 85 19 | , that (I) (we) last |
| 21 | | sow the deceased alive or | at i view the body after death. | 19, on | d that in (my) (our) opini | on death occurred on the d | ate and hour and from | the couses stated |
| Dept Hen | | 22b. SIGNATURE | | | PEGREE | AAFRICA: STA | | DATE SIGNED |
| Z Z | | 100 | Sum | | ATTENDING PHYSICIAN | MEDICAL STA | TIAN TO T | 11185 |
| 000 4 | A | 22d. PHYSICIAN'S NAME TYPE | OR PRINT) | | 22e ADDRESS | 11 | | |
| with the | | D. DE 122 | 2 | | 3001 S. | HANOUZR | BELLT. | MD. |
| 3 3 | | URIAL, CREMATION, REMOVAL | . 23b. DATE | 23r NAME OF CE | METERY OR CREMATOR | RY 236 LOCATION | | 67.07 |
| | - { | Burial | 7-4-85 | Gwinn | Cemete | | COUNTY | WV |
| 50M 4/B3 | | INERAL DIRECTOR | | | 25a D | DATE REC'D. BY REGISTRAR | MA REGISTRAR'S SIG | |
| 5, 4) | 4 | nichael ma | 1211/10 Poist | Esta N | n MD JL | JL 02 1985 8 | Fisha Davidson | -Mandelle |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M.

STATE OF MARYLAND

| Н | 1 | FOR SPATE | DEP | ARTMENT OF HE | ALTH AND M | ENTAL HYGI | ENE | | | |
|----|-----------------|--|---|-----------------|-----------------------|---------------------|----------------------------|-------------------|----------------|------------------------------|
| | 1 | REGISTRAR | | CERTIFI | CATE OF D | EATH | 8 5 REG. NO | .1 9 | 8 2 | 2 |
| | | CEASED NAME FIRST | MIDDLE | łA! | ST | 7 - DXE | 20 DATE OF DEATH | MONTH DAY | YEAR 21 | b. HOUR |
| | (TYPE | CORET | ta L. | JAY | IUR | | - | 7 21 | 1985 | 9 AM |
| | 3. SEX | | 4 RACE | 5. DATE OF | | | 6. AGE (IN YEARS LAST BIRT | | | F UNDER 24 HRS |
| | | Female | Black. | MONTH 12 | DAY | 14 | 70. y. o. | YRS. | VIIIS DATS R | HOURS MIN. |
| P | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8. | ☐ NEVER M | APPIED T | BALTIMORE CITY O | COUNTYO | F DEATH | |
| 5 | | Con | USA | WIDOWED | DIV | ORCED 🗌 | BAH | mor | | MD. |
| , | 10 CT | HTA DO NWC . AU IT | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCHEACILITY, GIVES | | OTHER INSTI | TUTION | 120 USUAL OCCUPATION | | 12b. KIND OF B | BUSINESS OR |
| 7 | 1 | 3A HMOrech | y Bon 3 | Secour | HOSPE | +41 | Reti | | | |
| 90 | USU A 13a. S | L RESIDENCE (IF NURSING HOME OR TATE 136 COUN | | | 13d. INSIDE CI | Y LIMITS? | 13e STREET ADDRESS / | ZIP CODE | 213 | 139 |
| 5 | | MO - | - A | in ore | | NO 🗌 | | ntrid | az 82 | A. |
| | 14. FA | THER'S NAME | MIDDLE LAST | | 15. MOTHER'S | MAIDEN NAM | | | TAST | |
| | | Robert. | - TA | YOR | El | SULTO O | < | | Wins | ston |
| | | AS DECEASED EVER IN U.S. AR | E WAR OR DATES | | 17 INFORMAN | | ADDRE | SS | | |
| | | No | 219-2 | 6-43841 | Norma | · Tayl | 0 14 A1+ | were C | ·f. | |
| | | 18 CAUSE OF DEATH (Enter on | | | | 2 | 0100= | | BETWEEN ONS | TE INTERVAL SET AND DEATH |
| | | PART I. DEATH WAS CAUSE IMMEDIAT | E CAUSE (a) CARDI | o-futi | no NAR | 1 112 | 2REST | | | |
| | | | DUE TO, OR AS A CONSE | EQUENCE OF . | | CEN EN | | | | |
| | | Conditions, if ony, which | DUE TO, OR AS A CONSE | NEGA | 1100 | 301-31 | | | | |
| | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSE | OUENCE OF | -04 - | 5.1 | 5-2-110 | n/ | | |
| | | underlying couse last. | (a) URINV | ARY 1 | RITE | | PC | | | |
| | 7 | PART 2. OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING | TO DEATH BUT N | NOT RELATED | TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN | IN PART To | |
| | CERTIFICATION | | | | | | | | | |
| 1 | ICA | 190 DATE OF OPERATION | 196 CONDITION FOR WE | HICH OPERATION | I WAS PERFOR | MED | 200 AUTOPSY? | | VERE FINDING | |
| | RTIF | | | | 100 | | YES NO | YES | | NO 🗌 |
| 1 | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | LICIUS A MA MONITUL | DAY YEAR | 21c. HOW INJ | URY OCCURRI | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | I OR PART 2) | |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE FARM ETC) | 211 LOCATIO STREET | N | CITY OR TO | WN | COUNTY | STATE |
| | ~ | AT WORK NOT WHILE AT WORK | | , | 1 8 | - 1 | | | | |
| | | 22a I certify that (I) (this hospit | -7/7/12 | // | 20/82 | . 19 | 10 7/21 | | | at (I) (we) lost |
| | | sow the deceased olive on obove, (1) (we) (did) (did no | 11 1 - | 19, and | d thof in (my) (| our) opinion d | eath accurred on the do | te and hour o | nd from the co | uses stated |
| | | 226. SIGNATURE | . /. | D | EGREE | TEMPING 4 | MEDICAL STAF | | 220 DATE SH | GNED |
| | | C SWV | VINN | | MY P | TENDING HYSICIAN | MEDICAL STAF | | 1/2/ | 185 |
| | | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | | 22e. ADDRESS | 1/100 | 011 1.5 | Ras | T. MD | 2/2/5 |
| | | AOSE | 1- Wuser | TIV | 5/10 | WHISH | 1-SH AVE- | IONT | 1- 12 | ~~!> |
| | 230 B | URIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF CE | METERY OR C | REMATORY | 23d LOCATION | | CHAITY | STATE |

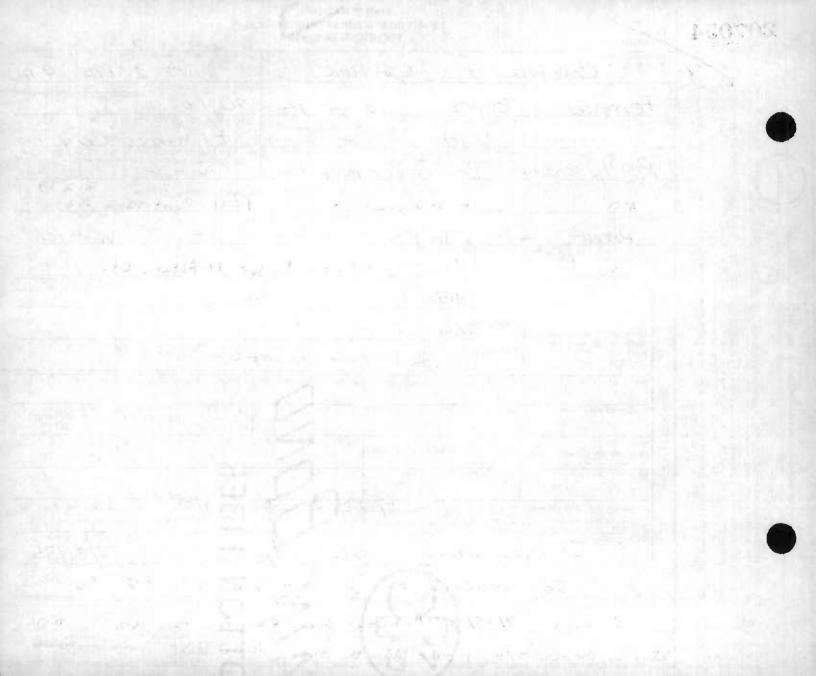
MPORTANT: If Item 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)

Arbutus mem.

24 FUNERAL DIRECTOR 1101 E. Nov to E/H Wm. C. March

250 DATE RECD. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUL 23 1985



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etoined by the haspital or ottending

physicion.

FOR STATE

190074

executed within 24 hours after death. Page 4 may be

mpletely filled in by

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

| ENT OF HEALTH AND MENTAL HYGIENE | | | 2 | 6 3 | - 1 |
|----------------------------------|-----------|---|---|-----|-----|
| CERTIFICATE OF DEATH | 5 REG NO. | 9 | Ö | Co | Q |

| REGISTRAR | | CERTIFICATE OF DEATH | REG. N | 0. | Com de |
|--|---|-------------------------------------|--|-------------------------------|----------------------|
| 1. DECEASED NAME FRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR | 26. HOUR |
| Jack | Α. | Taylor | July 2, | 1985 | |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIR | MONTHS DA | |
| Male | Black | 1 6 OES | 80 | YRS. | HOURS MIN. |
| 70 BIRTHPLACE STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNT | TRY? 8. MARRIED NEVER MARRIED | 9. BALTIMORE CITY O | OR COUNTY OF DEATH | 1 |
| Fla. | USA | WIDOWED DIVORCED | Baltim | ore City | MD |
| O CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | URSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATI | ION 126. KIN | D OF BUSINESS OR |
| Baltimore | | orest Park Ave. | (TIPE OF WORK FOR MOST C | # WORK#10 (II E) 114D () 31 | K) |
| USUAL RESIDENCE 18 NURSING HOME OF | | | 13e STREET ADDRESS | / 7IP CODE | 2121 |
| MD | | imore YES NO | 4103 W. | Forest Pa | ark Ave. |
| 4 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | AME | | LAST |
| Robert | Taylor | Hatie | MIODIE | | (A31 |
| 60. WAS DECEASED EVER IN U.S. A | | SECURITY NO. 17 INFORMANT | ADDRE | | |
| (YES NO OR UNKNOWN) (IF YES, G | 058-1 | 6-4306 Jacqueline | e T. Johns | on 4103 W | 1. Fores |
| 18 CAUSE OF DEATH (Enter of | inly one cause per line for (o), (b | o), and (c),) | | APP! BETWI | PONIMATE INTERVAL |
| PART I. DEATH WAS CAUS | ED BY: | 1 / | tantino | | 1 1/2 |
| IMMEDIA | TE CAUSE (a) | BCQ. 414 117 | 4,01.00 | | 7 |
| | DUE TO, OR AS A CONSI | EQUENCE OF | | 52 | 1600 |
| Conditions, if ony, which | (1b) 12 | PS (16) | | | 4 111/1 |
| gove rise to immediate |) | | | | / |
| couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSI | EOUENCE OF | | | |
| - ' ' | ((c) | | | | |
| | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN PART | [lto: |
| 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [| Link CONDITION FOR WI | HICH OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIN | IDINICS USED |
| DATE OF OPERATION | LIME CONDITION FOR WI | HICH OPERATION WAS PERFORMED | 200 AUTOF51: | IN CERTIFYING CAU | |
| | | | YES NO | YES 🗌 | NO 🗌 |
| CO CO. MARCHINE CO. C. LUCE CO. C. | | DAY YEAR 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART 1 OR PART | ?) |
| I IF EITHER, NOTIFY MEDICAL EXAMIN | | 19 | | | |
| OR CONTRIBUTING CAUSE OF DI IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | ZII LOCATION | CITY OR TO | OWN COUNTY | STATE |
| WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | THE PARM, ETC.) | | | |
| 22a.1 certify that (I) (this has | oital) attended the deceased fr | om 19ay 9, 19 6 | 7. 10 May | 7 . 19 6 3 | , that (I) (we) las |
| saw the deceased alive a | 1447 | 19 ond that in (ray) (our) opinion | death occurred on the d | ate and hour and from | the causes stated |
| 226. 5 KG-NA WARE | ot) view the body after death. | DEGREE | | 22c. D/ | ATE SIGNED |
| Anna 10 | Kulu D | ATTENDING | MEDICAL STA | | 13/25 |
| 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | 7 _ PHISIC | A A | |
| JEYMI | 0 11 0 | 31N 7111V | 1052K/1 | ERLYJA | e |
| 3a. BURIAL, CREMATION, REMOVA | | 23c. NAME OF CEMETERY OR CREMATORY | 23d LOCATION | 11 | |
| Burial | 7/5/85 | Druid Ridge Cem | CITY OF LOWN | more Co. | . MDATE |
| 4 FUNERAL DIRECTOR | .,,,,,,, | | TE REC'D. BY REGISTRAR | | |
| | | 1274 | THE RESERVE THE PARTY OF THE PA | I-am unancity distribution | ATT TORONS OF A DATE |

DHMH - 16 50M 4/83 (VRA 15, 4)

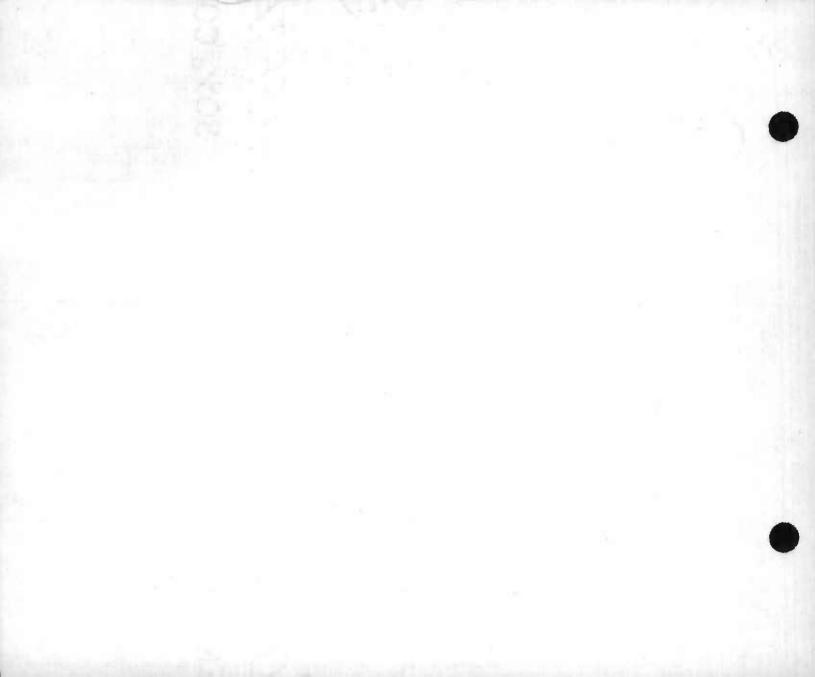
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

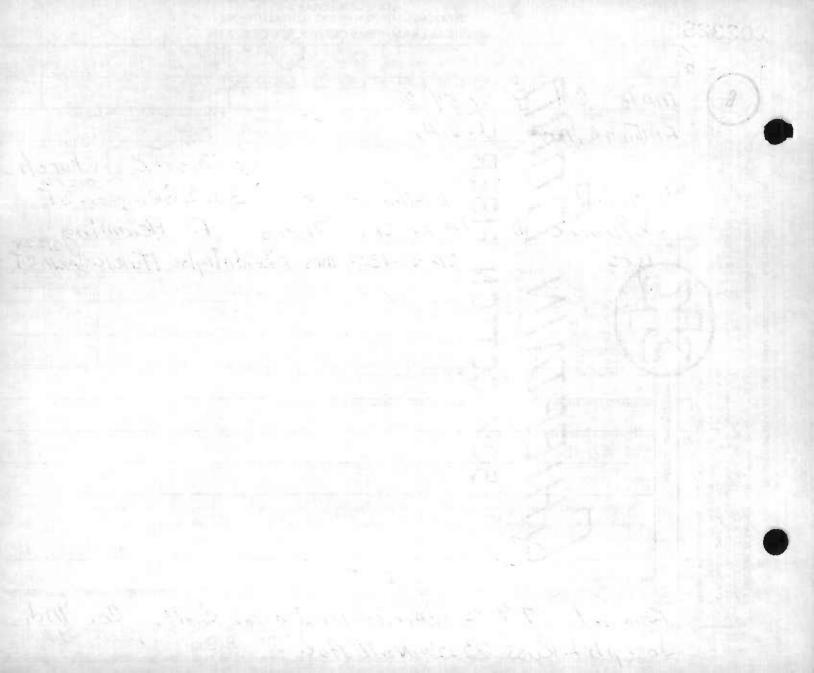
MPORTANT, If them 21 is marked or them 18 shows any injury, or other traumatic event, them

Wm. C. March F/H 1101 E. North Ave.

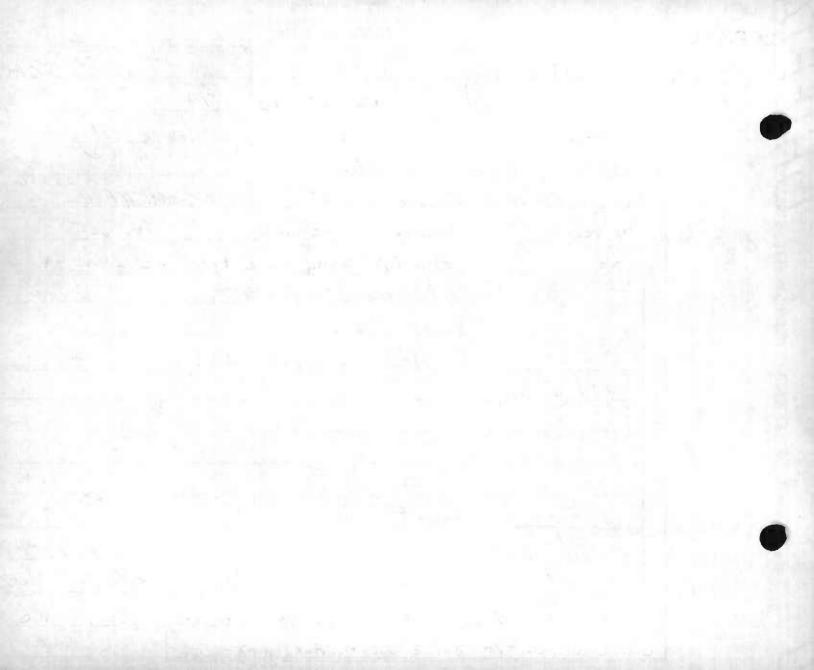
JUL 05 1985



| | 1 | Items 18 | -22a 8/1/ | /85 F#60 | | OF HEALTH | ARYLAND AND MENTAL | HYGIENE | | | | |
|--|---------------|--------------------|-----------------------------------|---------------------|--------------------------------------|---------------------|-------------------------|-----------------|-----------------------|--------------------|---------------|-----------|
| 203329 | 1- | STATE REGISTRAR | | ME | DICAL EXAM | | ERTIFICATE | | REG. N | 103 3 | () at | |
| / | | CEASED NAME | FIRST | | MIDDLE | | AST | full shire | DATE KNOWN | | DAY YEAR | 2b HOUR |
| - 1 b | (TYI | E OR PRINT) | James | | | Та | avlor | | OF ESIL | | 3/ 1985 | A. |
| | 1. SE | 4 | | DATE OF BIRTH | | IN YEARS IF UND | ER 1 YR. IF UND | ER 24 HRS. 2c. | DATE | - 1 | DAY YEAR | 24 HOUR |
| (Eather | n | Ale | Col. | 9-21 | -54 30 | YRS. | DAYS HOURS | MIN. PRO | DEAD DEAD | 7/ 3 | 3/ 1985 | PM |
| 1320 | | RTHPLACE (STAT | E OR | b. CITIZEN OF W | HAT COUNTRY? | B. MARRIE | NEVER MAR | RRIED 9. B | ALTIMORE CITY | OR COUNTY | | |
| DANS A | 10 | 9/1mort | 3 md | 0, | SIHI | WIDOWE | | | Baltimor | | | MD |
| SER A SER | 10 C | ITY OR TOWN OF | | (IF NOT IN SUCH FA | SPITAL, NURSING H | | RINSTITUTION | | OCCUPATION (F) | PE OF WORK 12b | OR NOUSTRY | SINESS |
| A02 MA | 1000 | Baltim | | | Hospital | | | 17/1 | 115/e | 0 | pure | h |
| E SEED | | TATE | 13b. COUNTY | | 13c. CHY OR TO | | 34. INCODE ELTY LIMITS? | 134 SPREET | ADDRESS (| | 2/2/4 | |
| # 454 AW - | 11 | ATHER SHAME | no | | 139// | more | MOTHER'S MAI | 120 | 12 OK | AySo | N 21 | |
| HANDEN AND THE REAL PROPERTY AND THE REAL PR | 1) | Lan | nie. | ATTOLE | TALLAST | 50 | may | DEN NAME | Enous F | emm | 1 140 | |
| 80 80 X 30 1 | 16a \ | VAS DECEASED E | EVER IN U.S. ARME | | 166 SOCIAL SEC | URITY NO. | T. INFORMANT | 7 | ADDRES | 5 | Par | 228 |
| BALTIMORE SI AFIIK DEA GIVEPAÉES TITH FORM PINISION ON | 0 | 4 es | N) (IF YES, GIVE WA | AR OR DATES) | 218-60- | 63/2 | thrs. Bi | rendat | Aulae 1 | Tup.16 | COOTA | CT |
| : 563-0 | F | MI CAUSE OF I | DEATH (Enter anly | ane cause per line | e far (a), (b), and (c). |) | | 00/10/1/ | The I | | APPROXIMATE I | INTERVAL |
| PRESTON ST TITHIN 24 HOU CIL IN ITEM II VER ALONG ALNSIT PERMIT AL NSTERMIT REMOVAL. | | PARTIDEAT | TH WAS CAUSED E | BY: | | | Narcotis | sm | | | BETWEEN ONSET | AND DEATH |
| PRESTON ITHIN 24 IVER ALON ANSIT PER ANSIT PER AL HYGIEI REMOVA | | XXX | 1 | DUE TO, OF | R AS A CONSEQUEN | ICE OF | | | | | | |
| WITHIN WITHIN NCIL IN INER A RANSI TALKING REMOVED TO THE REMOVED | | gave rise | if any, which ta immediate | (b) | | | | | | | 7 | |
| > 583540 | | lying cause | ating the <u>under</u> - last. | DUE TO, OF | R AS A CONSEQUEN | ICE OF | | | | | | |
| 4 5=W200 | | BART 2 ATHER CICH | ELCANT CONDITIONS CO | (c) | BUT NOT RELATED TO THE | Transition appropri | | | | | | |
| M S S A I S | Z | LWKI 5 GILLER 2104 | ricani condilions co | MIKIBUTING TU UEATH | BOT WOLKSTYLED TO THE | TERMINAL DISEASE | OK CONDITION GIVEN IN | PART 1 (a). | | | | |
| L RECO | CERTIFICATION | 19a DATE OF O | PERATION | 19b. COND | ITION FOR WHICH (| PERATION WA | S PERFORMED? | | | | 20 AUTOPSY? | |
| < 00 = 0 + ≥/ | FE | 1355 | | 70.67 | | | | | | | YES XX | NO 🗆 |
| ATE S E WO THE O THE O | W | 21a EXTERNAL | _ | 216. TIME O | FINJURY | YEAR 21c HO | W INJURY OCCUR | RED LENTER NATU | IRE OF INJURY IN ITEM | 8 PART 1 OR PART 2 | | 1.74 |
| OR THE OR | | CONTRIBUTING | OR CAUSE OF DE | ATH P.A | Α. 10 | | | | | | | |
| DIVISION OF VITA HIS CERTIFICATE SHE WRITING THE WORR ARDED TO THE CH AGE 3 SHOULD BE UTHE EDEPARTMENT OF 1201 PRIOR TO BUR | MEDICAL | 21d. INJURY OC | CURRED | | OF INJURY (AT HOME TORY, FARM, ETC.) | | ATION | CI | TY OR TOWN | COUNT | Y | STATE |
| DIN E. WRIT ZWARD PAGE STATE C. 21201 | 1 | WHILE AT WORK | AT WORK | | | | | | | | | |
| OATE, PORVING, NO. | | 220. I certify | that I taak charge | af the remains de | scribed abave, held | an <u>Autapsy</u> | XX, Inspect | tian . I | nquiry | and in my apini | an | |
| | | death resulted | fram: Natural | Aauses X. | Accident . | Suicide | Hamicide | Undeterm | ned manner | | | |
| WANT DE CENT | | ACTUAL | 1 | m/ | | | TITLE (SPECIFY) | nt | | DATE | 7/4/8 | _ |
| SE S | 1 | SIGNATURE | 1 | 4.V | | M.C | Assista | MEDICA | LEXAMINER | SIGNED_ | 1/4/8 | 5 |
| ANE ANE | | EXAMINER'S NA | AME Gree | gory R. | Kauffman, | M.D. A | DDRESS | 111 Pe | nn St. | | | |
| TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL | 23o. B | - | ON, REMOVAL 236 | | 73c NAME OF | | CREMATORY | 23d. LOCA | | COMMITY | G | 75.1 |
| 07/84 BP 2 | 1 | DURIA | 1 | 1-4-85 | GAN | ison F | oresTla. | Cen / | 3A/10, | Co | . mi | d. |
| 25M DHMH - 17 | 24 F | UNERAL DIRECTO | DR 1 1 | ADDRES | 5 | / | 25a. DAT | REC'D BY REC | 385 REG | SISHKAR'S SIGI | -Mandall | |
| (VR A15 ME (S)) | 7 | osept | 2 L. KU | 55 2 | 122W.N | orth E | tue si | IL OF | 300 | | | 4 |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 203391 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE FIRS 2b. HOUR (TYPE OR PRINT) SEX 4 RACE TE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) ONTH YEAR MONTHS DAYS HOURS 0 0 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED S. C. WIDOWED T DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21216 13d INSIDE CATY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MICOLE Emma Wilbert ivers aulox ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) mc Culloh 1730 NO APPROXIMATE INTERVAL 8 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse ia, stating the day underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO F 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK ATWORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death DIRE DEGREE 22c. DATE SIGNED ATTENDING EDICAL = FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b PORT 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY (SPECIFY) 185 Burial -1to 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15(4)) 101 C. March 6. North Ave.

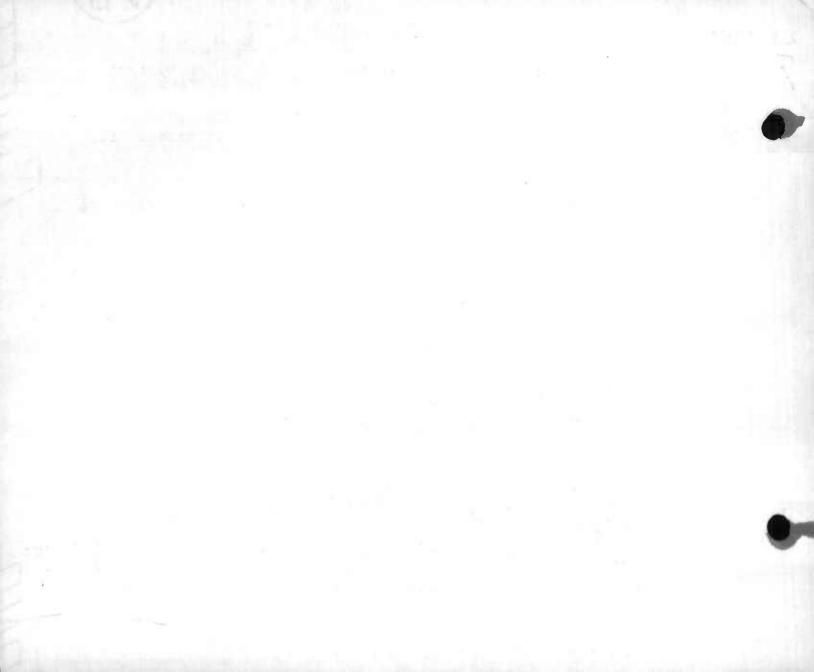


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND | MENTAL HYG DEATH | SIENE | S REG. NO | . 1 | 3 8 | 20 |
|-----------------------|--|--|--|------------------|-------------------------------|----------------------|---------------------|-----------------|-----------------|--------------------------------|--|-------------------------------|
| | CEASED NAME | FIRST | , | WIDDLE | l | AST | | 20. DATE | OF DEATH | MONIH | DAY YEAR | 26 HOUR |
| (IIIE | | eonar | ä | S. | Tay | lor | | | | 7/31 | /85 | |
| 3. SE | Х | 1 | I. RACE | | 5 DATE C | | | 6. AGE (I | YEARS LAST BIRT | | # UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| M | ale | | Black | 2 | MONTH | 13 | YEAR 29 | 56 | | YRS. | MONTHS | HOURS MIN. |
| | RTHPLACE (STATE OR F | OREIGN 7 | b CITIZEN OF | WHAT COUNTRY? | 8 | NEVER | | 9 BALTIM | ORE CITY O | | OFDEATH | |
| | MD | | | USA | WIDOWE | | NORCED | | Balti | more | City | MD |
| 10. C | ITY OR TOWN OF DEA | TH | II. NAME OF | OSPITAL NURSIN | G HOME C | | TITUTION | | L OCCUPATE | | | OF BUSINESS OR |
| | Balto. | | 4417 | Craddoc | ck Av | e. | | (TYPE OF WO | ORK FOR MOST OF | WORKING LIF | E) INDUSTRY | |
| 13a S | AL RESIDENCE (# NURS STATE MD | 136 COUN | | 13c. CITY OR TOW | N | 13d. INSIDE C | NO | 13e STREET 4417 | ADDRESS / | zip code | ve. 21 | 1212 |
| 14 FA | THER'S NAME | | | | 10 | 15. MOTHER | S MAIDEN NA | | | | | |
| | Kurtz | | NDDLE | Taylor | | Cl | ara | | MIDDIE | Н | arris | 17 |
| 160 V | VAS DECEASED EVER | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | | | ADDRE | | | |
| (| YES, 19 OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 212-26-5 | 944 | There | sa V. T | aylor | 4417 | Cradd | | E |
| MEDICAL CERTIFICATION | Conditions, if any, gove rise to imm couse (a), statin underlying couse PART 2 OTHERSIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIA | nediote g the lost. NIFICANT CI BNC HON B 3 DERLYING CAUSE OF DEAL CALEXAMINER) | DUE TO, O Cc) ONDITIONS CC 196 COND 216. TIME O HOUR A. | M. MONTH DA | DEATH BUT OPERATIO OPERATIO | a nwas perfo g tu | | 200 AU | TOPSY? | 20b. IF YES IN CERTIF YE | ZEN IN PART 11 5, WERE FINDING CAUSES IS | NGS USED |
| MED | 214 INJURY OCCURS WHITE NOT WE AT WICE NOT WE OBJUST TO THE DESCRIPTION OF THE DESCRIPTIO | this hospit | attended th | eleceased from | Any. or | DEGREE | 1 (our) opinion | /MEDICA | | ne and hou | 19 22c. DATE | |
| 23o F | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c N | NAME OF C | EMETERY OR | CREMATORY | 23d. LO | CATION | | | |
| | Burial | | 8/5/85 | 5 B | asil | Church | Cem. | | Cockey | sville | COUNTY | STATE |
| | UNERAL DIRECTOR | | D /rz 3 | ADDRESS | NT o node | h 7 | 25a. QAT | 162 m | RE 1985 R | UN PROLE | AMOODINA | RE |

DHMH - 16 50M 4/83 (VRA 15, 4)

1101 E. North Ave Wm C March F/H



- STATE

(TYPE OR PRINT)

1. DECEASED NAME

REGISTRAR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 💢 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN MPORTANT should be 0 23a, BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIEV) 7/25/85 King Mem. Pk. Baltimore Co., BP. Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE he Daydon-Gandese Wm C. March F/H 1101 E. North Ave (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

IF UNDER I YEAR

INDUSTRY

85

26 HOUR

12b. KIND OF BUSINESS OR

21218

NO [

LAST

820 E. 41st St

COUNTY

22c DATE SIGNED

Md.

IF UNDER 24 HRS

2a. DATE OF DEATH

DHMH - 16 60M 7/B4

27 - IS TO THE

33

+---

44

| 0450 450 | | FOR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL I | HYGIENE | |
|---|---------------|--|---|---|--|---|
| 217047 | 1- | STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 5 REG. NO. | 9 3 2 8 |
| 1 29.1 | | EASEDNAME THE | MIDDLE | Teal | 20. DATE OF DEATH MONTH | 26 8 7 7 M |
| A PORT OF THE PROPERTY OF THE | 3. SEX | Male | 4. RACE BLACK | 5. DATE OF BIRTH MONTH DAY YEAR 9 /6 38 | 6. AGE IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| O THE PERSON A | | THPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | | 9. BALTIMORE CITY OR COL | INTY OF DEATH |
| | Jo. Cit | Y OR TOWN OF BEATH | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION | 128. USUAL OCCUPATION NYPE OF WARM AND | 126 KIND OF BUSINESS OR |
| A hours | Ha. S | TATE 136 COUN | | /N 13d. INSIDE CITY LIMITS | ? 13e STREET ADDRESS | 21215 |
| ARTICAL STATES | | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN | NAME | secrest Aul |
| | 16a W | AS DECEASED EVER IN U.S. AR | VE TO OR DATES) | JRITY NO. 17. INFORMANT | TEAL 400 | Var, S |
| II., BALTIN tripopological proposition or proved the m | | PART I. DEATH WAS CAUSE | nly ane cause per line far (a), (b), an | | | Approximate inverval Retween onset and death 45 minutes |
| that the death or by the attenting one remove carb al, cremation, or r other transmits. | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | dial Infanct | ri'o h | 21 Ruys |
| tow requires to be seen signed from 1 hear pile price to burst. | CERTIFICATION | | cvo | DEATH BUT NOT RELATED TO THE T | 20g AUTOPSY? 20b. | N GIVEN IN PART 1101 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
| DIVISION OF VITAL RECORDS NO PHYSICIAN: The law required or other density physician. The this certificate has been signs the basing-transit permit. Their hand Mental Hygieste price to banked or Nert 18 blows ony injur | 100 | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH D | | CURRED (ENTER NATURE OF INJURY IN ITE | YES NO NO MIB PART 1 OR PART 2) |
| NUSSON Contending the this contending the this contending the box | MEDICAL | 21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK | 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| ATTENDRA spirite of CTOR. At 11gr use o | | 22a.1 certify that (1) (this hasp saw the deceased alive ar above, (1) wer (did) (did no | ital) attended the deceased fram and 19 19 19 19 | | ian death accurred an the date and | |
| TALOR of the foot | | 226. SIGNATURE How | 2 A. Goldsto | THIOICIA | G MEDICAL STAFF | 221. DATE SIGNED 7/16/85 |
| O HOSPI recined b | | HARU A. G | ocostern, and | 22e ADDRESS | | |
| BP | 23a. B | URIAL, CREMATION, REMOVAL | 1 236 DATE 7/31/1985 W | NAME OF CEMETERY OR CREMATO | 1 BALTIMO | |
| DHMH - 16 50M 4/B2 (VRA 15, 4) | 24K! | NEATHER & S | is Falls Fa | Home 1250. | DATE REC'D. BY REGISTRAR 25 RI | GISTRAR'S SIGNATURE |

STROTTS AL SUBTRIBLE Edward Commencer Quality and sund

| STATE OF MARYLA | ANU |
|-----------------|-----|
|-----------------|-----|

| 1. | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND A | | IENE 8 | E REG. | NO. | 9 | Š | 2 4 | |
|---------------|---|--|------------------------------|--|----------------|-----------------------|-------------------------|--------------------|---------------------------|---|------------------------------|----------------------|------------------------------------|--------|
| | CEASED NAME E OR PRINTI | FIRST | | WIDDLE | l | AST | | 2a. DATE | OF DEATH | MONTH | DAY | YE AR | 2b HOUR | |
| | | Carrie | | G. | 7 | Terrill | | | | 7 | 25 | 85 | | |
| 3. SE | X | 4 | RACE | | S. DATE C | | YEAR | 6. AGE (| IN YEARS LAST | BIRTHDAY) | IF UN | DER I YEAR | IF UNDER 24 | HR |
| | Female | 15.7 | Bl | lack | 6 | 11 | 1903 | 82 | | YRS | | DAIS | NOOKS | IV. II |
| | PRTHPLACE (STATE | OR FOREIGN 7 | b. CITIZEN OF | WHAT COUNTR | Y? 8 | D NEVER M | AADDIED T | 9. BALTIA | MORE CITY | OR COUN | TY OF | DEATH | | |
| | uth Carol | ina | U. | S. A. | WIDOWE | | ORCED | Bal | timore | e City | y | | | 1 |
| 1 | TY OR TOWN OF I | Sec. 11. 11.1 | (IF NOT IN SUC | HOSPITAL, NURS THEACILITY, GIVE STRI 25th S | EET ADDRESS) | OR OTHER INST | ITUTION | (TYPE OF W | AL OCCUPA VORK FOR MOS | T OF WORKING | | b. KIND (IDUSTRY | OF BUSINES: | SC |
| JSU | AL RESIDENCE (IF N | | | | | | | | useke | 100000000000000000000000000000000000000 | | | - | _ |
| 13n. S | Maryland | 13b COUNT | | Baltin | NWN | 13d. INSIDE CI YES | TY LIMITS? | | E. 25 | | | , 21 | .218 | |
| F) FA | ATHER'S NAME | M | IDDLE | LAST | | | MAIDEN NAM | ME | WIDDLE | | | 1.4 | 12 | |
| / | John | | | Perr | У | Susan | | | | | | Fr | azier | |
| | WAS DECEASED EV | | ED FORCES? | 16b. SOCIAL SE | CURITY NO. | 17. INFORMAL | NT | | 18 Ben | | | | | |
| | No | | | | | Albert | a Simms | s Ba | ltimo | re, Ma | aryl | and | 21215 | |
| | Conditions, if a gove rise to couse (a), strunderlying co | IMMEDIATE IMMEDIATE Inny, which immediate ating the use lost | DUE TO, O | Cove M R AS A CONSEC R AS A CONSEC | UENCE OF | nmey hal scher | For Etn/ | lur Cari | tin | l vascs | Van | 1 DR | MATE INTERVA OPSET AND DE hr | |
| NOI | PART 2. OTHER S | IGNIFICANT CO | >wer | MEM S | S S | CALL | TO THE TERM | INAL DISE | ASE OR CO | NOITION (| GIVEN IN | PART 1 | 0 | • |
| CERTIFICATION | 190. DATE OF OPE | RATION | 19b. COND | ITION FOR WHIC | CH OPERATIO | N WAS PERFO | RMED | YES [| JTOPSY? | 20b. IF Y | YES, WE TIFYING YES [] | RE FINDI CAUSES | NGS USED OF DEATH | ? |
| MEDICAL CER | 210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N | CAUSE OF DEATH | 21b. TIME O HOUR A. P. | M. MONTH | DAY YEAR | 21c. HOW IN | JURY OCCURR | RED (ENTER | NATURE OF IN | JURY IN ITEM ? | 8 PARTI | OR PART 2) | | |
| MED | 216. INJURY OCC | URRED WHILE WORK | (AT HOME, STE | OF INJURY REET, FACTORY, OFFIC | E, FARM, ETC } | 211 LOCATIO STREET | N | | CITY OR | TOWN | | OUNTY | STA | TE |
| | 22a. I certify that saw the dece above, (I) (we 22b. SIGNATURE | (I) (this hospito cosed alive an e) (did) (did ii | - 6 | o disposed from 19 uttor death | 85.00 | nd that in (my) (| , 19 (our) opinion o | , to death occu | rred on the | pate and h | - | | |) lo |
| | 22d. PHYSICIAN'S | NAME OF OR | Man | 1/dun | 0 | A | TTENDING L | MEDICA | OR PHYS | AFF ICIAN [| | 7/2 DATE | 17/8 | 3 |
| | FO n | V ARD | 0. | AUN- | Td | 3 | -300 | | me | m | BH | no | 1 | |
| | BURIAL, CREMATIO (SPECIFY) Burial | N, REMOVAL | 23b. DATE 7-29-1 | | | emetery or c | | C | CATION ITY OR TOWN | re. M | arvl | | STAT | E |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

24 FNULTER CORSons Funeral Home, Inc.

JUL 3 1 1985

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

south throlling

Sell dynne salle Pay. Particum, . d. alkle

Caprile G. A.

Several Huras . - 10-

Fig. 1985 St. John Cometery Statesons, Saryland

SUIT . SELLY PERSON, PIZZE

Baltimode, maryland 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| CERTIFICATE OF DEATH | 8 5 REG. NO. | 98 | 3 0 |
|----------------------|--------------------------------|-----------------|-----------------|
| LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| Terveer | . 7 | 24 85 | 7:35 M |
| 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 MRS |
| AUG. 26, 1894 | 90 YRS | MONTHS DAYS | HOURS MIN, |
| 8 | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |

BALTTMORE

FEMALE WHITE BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARYLAND

Marie

EIRST

MARRIED NEVER MARRIED WIDOWEDK DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

AGNES HOSPITAL

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE HOME 130. STREET ADDRESS / ZIP CODE 6856 QUEENS

BALTIMORE USUAL RESIDENCE (# MARYLAND

FATHER'S NAME

CITY OR TOWN OF DEATH

- STATE DECEASED NAME

TYPE OR PRINTS

3. SEX

OUNTY BALTIMORE MIDDLE

4. RACE

13c CITY OR TOWN 21239

LAST

MIDDLE

M.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NO X 15 MOTHER'S MAIDEN NAME

ROSALTA

MIDDLE

COLDNER

NO [

STATE

FERRY RD.21239

JOHN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO

KREBS 166 SOCIAL SECURITY NO

17 INFORMANT

FRANK

134 INSIDE CITY LIMITS?

ADDRESS

BALTIMORE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (0), stoting the

underlying couse lost

19a DATE OF OPERATION

214 INJURY OCCURRED

18 CAUSE OF DEATH (Enter only one couse per line lor (o), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO OR AS A CONSEQUENCE OF

ENERALIZED

PERITONITIS

TERVEER

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive on

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

211 LOCATION CITY OF TOWN COUNTY

20a AUTOPSY?

NOF

and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated

YES

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22h SIGNATURE

220.1 certify that (I) (this haspital) attended the deceased from

DEGREE

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN I

22e ADDRESS

William E. Johnson8521 Loch Raven Blvd

230. BURIAL, CREMAT

23c. NAME OF CEMETERY OR CREMATORY 27. 84 Holy Redeemer Cemetery Baltimore, Maryland

23d LOCATION

BURIAL 24 FUNERAL DIRECTOR

250. DATE REC'D: BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

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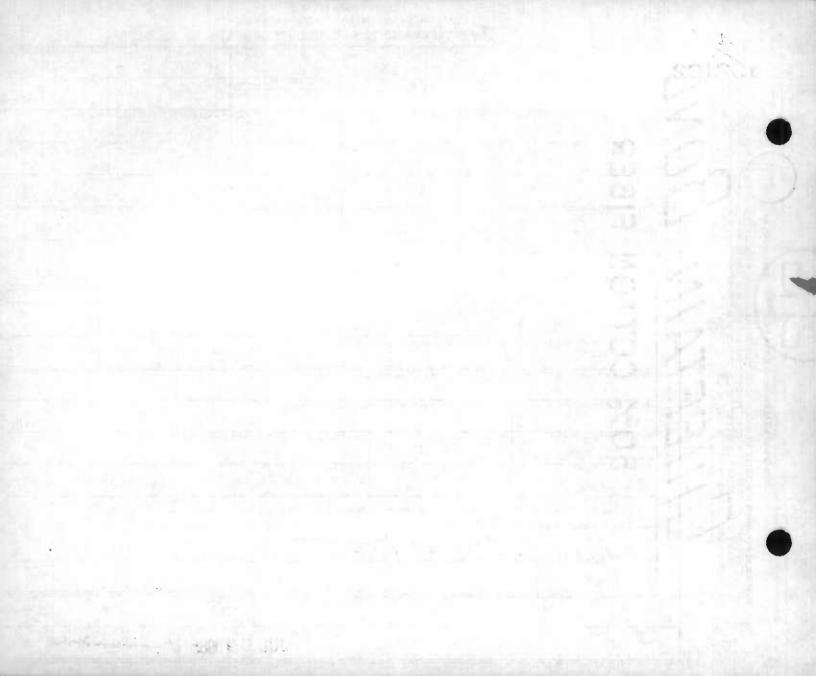
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) ESTI-ANTHONY eon THACKER DEATH MATED 19 85 14 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 4,02 A DEAD 1985 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City and WIDOWED _ DIVORCED larul 10. CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Johns Hopkins Hospital Baltimore WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21403 13d THIS IDE CITY LIMITS? nnapolis FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? I IF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 9:07 M. 7-13- 10 85 Bicyclist struck by auto. 214. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY FARM FTC 1 CITY OR TOWN AT WORK AT WORK Tyler Ave. & Forrest Dr., Annapolis, Anne road and in my apintan Arundel, MD 220. I certify that I taak charge of the remains described above, held an Autopsy Accident X Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Mn Assistant 7-14-85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NĂME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Memoria 07/84 256 REGISTRARIS SI 25M M FUNERAL DIRECTO **DHMH - 17** (VR A15 ME (5)) Chapel-

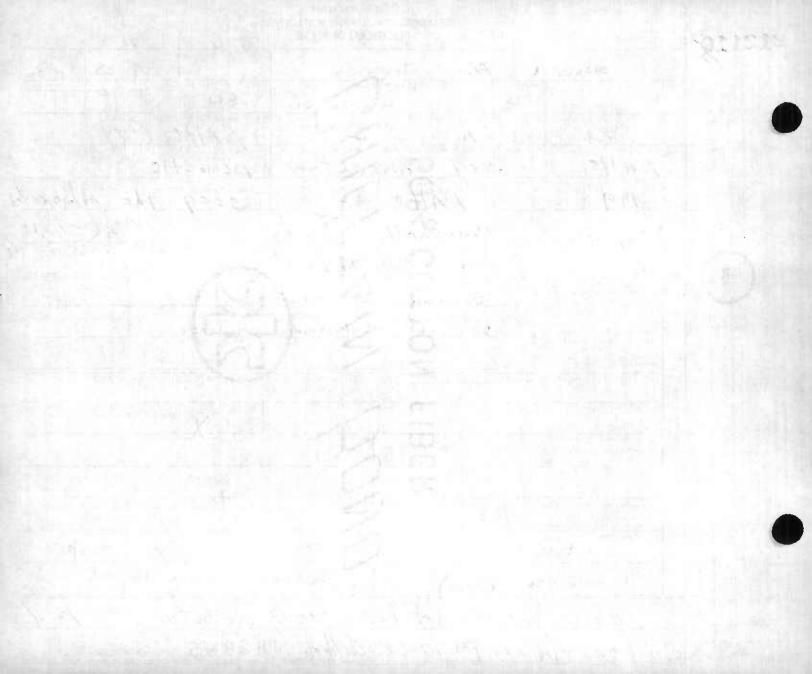
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| | | E FIRST | | | | | | REG. NO. | 200 | Ga la Hall |
| - | | | | MIDDLE | | LA31 | | | MONTH DAY YE | AR 26 HOUR |
| | | TH | HOMAS Ca | ssard | THAMERI | . Jr. | DEAT | H MATED | 7-21-859 | |
| 3 | SEX | 4 RACE | S DATE OF BIRTH | | AGE (IN YEARS I | | | | MONTH DAY YE | EAR DIT HOU |
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| 4 | Marvland | 1 | U.S.A. | | WIE | OWED DIVO | RCED R | altimore | City | 184 |
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| ē | - | | (c) | | | | | | | |
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| 0 | | | | | DAY YEAR 21 | I. HOW INJURY OCCUP | RED (ENTER NATURE OF | INJURY IN ITEM 18 PA | ART 1 OR PART 2) | |
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| 8 | 21d INJURY | OCCURRED | | | (AT HOME, 211 | | | | | |
| , o | | NOT WHILE | STREET, FA | CTORY, FARM, ETC | -) | STREET | CITY OR | TOWN | COUNTY | STATE |
| 212 | AT WORK | AT WORK | | | | | | | | |
| 20 | 22g, I cert | fy that I took ch | arge of the remains de | escribed above | e held an A | itopsy . Inspec | tion XX. Inqui | ry Ond | in my onining | |
| X X | | , | | / | | | | | , any opinion | |
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| \$ | ACTUAL | | VK | N | | | | | DATE 7 22 | 05 |
| Wi - | SIGNATURE | | 1 | - | | _M.D. ASSISTA | NT MEDICAL EX | AMINER | SIGNED /- ZZ | -83 |
| Q I | | | | | M D | 11 | | | | |
| E | TYPE OR PRI | NAME G | regory R. | Kauttm | an, M.D. | ADDRESS | I Penn St | reet | | |
| W 71 | | | 1 23h DATE | 123c NI | AME OF CEMETER | | 123d LOCATION | y . | | |
| 1.5 | (SPECIFY) | , | | 100 | | | | | COUNTY | STATE |
| | | 700 | | | rrison F | | | | Mar | yland |
| 7 | NAME | Duda | -Ruck, Inc | s* | | 750. DA | The second secon | 167 65 - 15 | BURGES SIGNATURE | 00. |
| (S)) | 7922 Wis | e Avenu | e Dundal | k, Mar | yland 2 | 1222 | 125 1905 | - dimon | minor ships | |
| | BALTIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. | Thomas Ide Was Decease Ide Was Decease Ide Was Decease Ide Father's Name Fast I De Cause Ide Father's Name Fast I De Ide Father's Name Fast I De Ide Was Decease Ide Was Decease Ide Father's Name Fast I De Ide Was Decease Ide Was | Thomas Is cause of death (Enter Part I Death Was Cause of State of Part I Death Was Coursely of State of Part I Death Was Cause of State of Part I Death Was Cause of State of Part I Death Was Cause of State of | THOMAS Ca: 1. DECEASED NAME 1. DECEASED NEW NAME 1. DECEASED NEW NAME 1. DECEASED NAME 1. DECEASED NEW NAME 1. DECEASED NAME 1. DECEASED NEW NAME 1. DECEASED NAME 1. | THOMAS CASSARD THOMAS CASSARD | THOMAS CASSARD THAMERY THAMEST THAMERY THAMEST THAMERY THAMEST THAMEST THAMEST THAMEST THAMERY TO BRITHPLACE (STATE OR PORT OF BIRTH DAY YEAR LAST BRITHDAY) THAMEST THAME | REGISTAR REGIST | MEDICAL EXAMINER'S CERTIFICATE OF DEATH PROJECT TOPECASED NAME TREE MODEL LAST DECEASED NAME TOPECASED NAME | STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME NODE NOT NOT | STATE REGISTRAR |

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X (TYPE OR PRINT) OF ESTI-Thane I DEATH MATED Alvarez Thaniel 19 85 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY HOURS PRONOUNCED 6:42A B 13 58 6 DEAD 1985 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MD USA WIDOWED [DIVORCED Baltimore City 8. GIVE PAGES 1, 2, AND 3 TO THEM WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VIVAL REGORDS I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Union Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 1609 Carswell Street 13a STATE 13b. COUNTY Baltimore 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Jule Henry Hendricks Nell Ruth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Raymond Thaniel 1609 Carswell St. 229-94-3493 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PERMIT. PART I DEATH WAS CAUSED BY: Ethanolism IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION USED AS 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWARDI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH WITH THE STATE D BALTIMORE MARYLAND, 21201 Inspection X 22e I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes A Homicide Undetermined monner ACTUAL MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY VA 7/8/85 Roanoke Zion Cemetery Burial Bracev 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Sim wer down flandalle Wm. C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5))





FOR

- STATE

26 HOUR (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS DAYS HQUR5 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING INDUSTRY 21225 Linden Halts Ave BETWEEN ONSE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY X5, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 250. DATE REC'D. BY REGISTRAR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



| | | 15. | | | STATE OF MARYLAND | | | |
|-------------------------|---------|---------------|--|--|----------------------------------|---|------------------------|--|
| | | 1 | FOR STATE | DEPARTM | ENT OF HEALTH AND MENTAL HYG | IENE | | |
| | | 1 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 1 9 8 | 30 |
| 020 | 125 | 1 DE | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MO | NIH DAY YEAR | 26. HOUR |
| 360 | 160 | R | BELLA ROZELI | _ A | THOMPSON | JULY 7, | 1985 | 10:46 |
| 10 | al. | 3 SE | 4. | | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDA | MONTHS DA | |
| - | 1 | | 1 | NEGRO | MONTH BY YEAR | 73 | YRS. | TS HOURS MIN. |
| GE | V | 7a. BI | RTHPLACE (ATATE OR FOREIGN 76. | EITIZEN OF WHAT COUNTRY? | MARRIED . NEVER MARRIED | 9 BALTIMORE CITY OR C | OUNTY OF DEATH | |
| H . P | B. (| - | N'C. | 11.2.71- | WIDOWED DIVORCED | BALTIM | ORE CITY | Y MD. |
| 3 | 1 | | TY OR TOWN OF DEATH | . NAME OF HOSPITAL, NURSING | HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | DRIVING LIFE) INDUST | D OF BUSINESS OR |
| byth filed | 95 | | BALTIMORE | THE JOHNS HO | PKINS HOSPITAL | 1-ACIORY | Nork | |
| 5 0 | og P | | AL RESIDENCE (IF NURSING HOME OR OTH | | | 13e STREET ADDRESS Y ZI | P CODE | 212,39 |
| 調 | E C | | 119 | BALT | YES NO | 4606 110 | 9 th 1100 | 7 DHA |
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| offe | roun | | Conditions, if any, which | (16) Mujoci | ardial inface | tian | 8 | 4 hus |
| the rem | her t | | cause (a), stating the underlying cause lost. | DUE TO, OR AS A SONSEQUEN | NCE OF | | | |
| d by leose iof, c | o ro | | | (c) | | | | |
| signe sen p | ury. | z | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DE | EATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITI | ION GIVEN IN PART | lio |
| ir Th | <u></u> | 5 | 196 DATE OF OPERATION | 196 CONDITION FOR WHICH C | DEBATION WAS BEREORIED | 20a AUTOPSY? 20 | DE IF YES, WERE FIN | IDALCC UCED |
| Se m | × 8 0 r | FIC | 196 DATE OF OPERATION | 178 CONDITION FOR WHICH C | DERATION WAS PERFORMED | _ I | CERTIFYING CAUS | SES OF DEATH? |
| ote h | of | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 1216 HOW INJURY OCCURR | YES NO | YES | NO [] |
| phy tricc l-tro | 8 | | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH DAY | Y YEAR | (Entertain of Co. Major and | MENT TO THAT TO AT ANY | |
| cer cer cer | r He | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 21e PLACE OF INJURY | 19 211 LOCATION | | | |
| r this | opo | ME | WHILE O NOT WHILE O | (AT HOME, STREET, FACTORY, OFFICE, FAR | | CITY OF TOWN | COUNTY | STATE |
| Afte os | nark | | 22a. certify that (1) (this hospital | Detended the decound from | 7/6 19.85 | 2/1 | 10 85 | 1 |
| TOR for us | 21 is r | | saw the decer e on above, (ly/we) and lid not) v | -1-1-1 | | death occurred an the date | | _, that (1) (we) last the causes stated |
| IREC hed bed | tem. | | 22b. SIGNATURE | ew the body after death. | DEGREE | | 22t. DA | ATE SIGNED |
| y the | * | | 414 | farreson | MO ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | | 7/7/85 |
| JNE d be | RIA | | 224 PHYSICIAN'S NAME (TYPE OR PE | | 22e ADDRESS 600 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | T. BALTO | D. MD. |
| O Fi | NPO | 300 | + HARR | 2150 N | JOHNS | HOPKINS | NO591 | TAL |
| - N N | ~ | 73a 1 | FIRMAL CREMATION, GENOVAL | 224 DATE 22, N | AME OF CEMETERY OF CREMATORY | 1224 LOCATION | | |

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THE BURIAL CREMATION, REMOVAL

THE THERAI DIRECTOR

JOHNS 235 NAME OF CEMETERY OF CREMATORY HOPKINS 23d LOCATION

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DHMH - 16 60M 7/84 (VRA 15, 4)

25 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME FIRST LAST 2b HOUR (TYPE OR PRINT) TOMMY THOMPSON 23 85 5:15 PM **EDWARD** 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5 DATE OF BIRTH 3 SEX MONTH YEAR MALE BLACK 10 23 1919 Th CITIZEN OF WHAT COUNTRY? In BIRTHPLACE ISLATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY W. Virginia WIDOWEDK S. A. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY VAMC, Baltimore, Maryland Baltimore Cook Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE Ave. Baltimore, Md. 21201 Baltimore YES TX Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Burks E. Thompson Bessie Mae Tommy IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Pildrim Road 17 INFORMANT 4804 (IF YES, GIVE WAR OR DATES) 235160883 Baltimore, Maryland 21214 Mary James WW II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST IMMEDIATE CAUSE (O HEAD AND NECK CARCINOMA cause (a), stating OVERDOSE ON BROMPTON'S SOLUTION underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION LLL PNEUMONIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC) CITY OF TOWN STATE NOT WHILE 27a | certify that all this haspital) attended the deceased from saw the deceased alive an 194 2 196 aboves (we) (did with view the bady after death. (our) apinian death occurred on the date and hour and fram the causes stated DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF MD DIRECTOR PHYSICIAN VAMC, Baltimore, Maryland 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Md . Owings Mills, 7/29/1985 Garrison Forest Veteran Burial 24 Nutreer & Sons Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE this Davidson-Randalle 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

DHMH - 16 60M 7/84 (VRA 15, 4)

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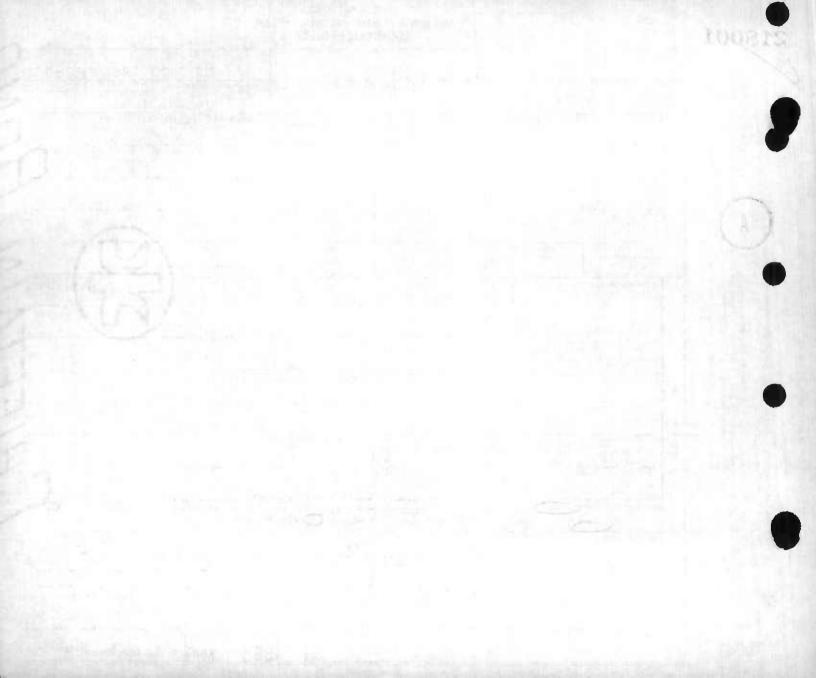
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| / | | FOR 8 / | 85 ria | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | | | | | | |
| 1 | 1. | STATE | oj Ija | | | | IFICATE OF DEATH | | - | | | (2) | 4 91 | |
| | | REGISTRAR | | | | CERTII | ICATE OF | PEATH | 8 | REG. NO | - 1 | 9 8 | 3 0 | |
| | | CEASED NAME | FIRST | | MIDDLE | l l | LAST | | 2a. DATE | OF DEATH A | ONTH | DAY YEAR | 26 HOUR | |
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| | | | | 1110 | | | | | | | | 1985 | 11:35A | |
| | 3. SEX | | | 4 RACE | | | 5 DATE OF BIRTH | | | N YEARS LAST BIRTH | DAY) | MONTHS DATE | HOURS MIN. | |
| | M | olo | | D1 | l. | MONTH | DAY | | 1.0 | | | MONTHS DATS | HOURS MIN. | |
| | Male BIRTHPLACE (STATE OR FOREIGN | | | Black 76. CITIZEN OF WHAT COUNTRY? | | / | | 39 | 46 | | YRS | | | |
| 0- 1 | | COUNTRY) | R FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | | MARRIE | MARRIED NEVER MARRIED | | | ORE CITY OR | COUNT | YOFDEATH | | |
| 5 | | MD | | | USA | WIDOWE | _ | VORCED | Ba | ltimore | Cit | V | MD. | |
| 0 | 10. CITY OR TOWN OF DEATH | | | | | | IG HOME OR OTHER INSTITUTION | | | 12a USUAL OCCUPATION 12b, KIND OF BUSINESS OR | | | | |
| E I | Baltimore | | | | ICH FACILITY, GIVE ST | | | | (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | |
| 5 | | | | Chu | irch Hom | e Hospi | tal | | | | | | | |
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| かか | 130 | STATE | 13P CON | IY | 13c. CITY OR T | | | | 13e STREET ADDRESS / ZIP CODE | | | | | |
| - | MD | | | Bal | | more | YES NO | | 1713 N. Caroline St. 21213 | | | | | |
| \$ | 14. F/ | ATHER'S NAME FIRST | | MIDDLE LAST | | | 15. MOTHER'S | | | | LAST | | | |
| DO | 1 | Linton | | Thornton | | | FIRST | | | MIDDLE | | | | |
| 7 | | WAS DECEASED EVE | 0.001.00 | | | | | Inez 17 INFORMANT | | ADDRES | c | Hil | | |
| p / | | YES NO OR UNKNOWN | | WAR OR DATES | 166 SOCIALS | SOCIAL SECURITY NO. | | 17 INFORMANT | | | | C to | | |
| ae/ | 1 | No | | | 215-34 | -9431 | 431 Inez Thornto | | | n 1713 N. Caroline St. | | | | |
| e e | | | | | | | | 111021100 | | 2 11.0 00 | 1011 | | XIMATE INTERVAL | |
| | | 18 CAUSE OF DEA | WAS CALISED | RV. | ne cause per line for (a), (b), and (c). | | | | | | | BETWEEN | ONSET AND DEATH | |
| ve | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA STOMACH WITH M | | | | | | | | STASE | S | | | |
| or other froumotice | | 그 그 그 그 그는 그는 나는 나는 아니는 사람들이 아니는 그 그가 아니는 그는 그는 그를 보는 것이다. | | | | | | | | | | | | |
| | | due to, or as a consequence of | | | | | | | | | | | | |
| | | Conditions, if any, which (b) | | | | | | | | | | | | |
| | | gove rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| ‡ | | couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| 0 | | (c) | | | | | | | | | | | | |
| × | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | | | | | |
| 5 | 2 | | | | | | | | | | | | | |
| > | Į Ĕ | 198 DATE OF OPERATION | | 196 CONDITION FOR WHICH OPERATION WAS PER | | | NI WAS DEDEC | PAAED | 200 011 | TOPSY? | 20h JE VE | S, WERE FIND | INGS HEED | |
| 0 7 | 0 | THE DATE OF OFER | | THE CONDITION OF WHICH OF EXAM | | | T TTASTERIC | NAME D | 200 710 | | | FYING CAUSE | | |
| 3 | Ë | Barrier State of Stat | | | | | | YES NO YES | | | | S NO | | |
| 200 | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | | | | | | | | | | | | |
| = 4 | | OR CONTRIBUTING | CAUSE OF DEAT | | | | | | | | | | | |
| Te. | O | (IF EITHER NOTIFY ME | | | P.M. | 19 | | | | | | | | |
| is morked or item 18 shows | MEDICAL | 21d INJURY OCCU | RRED | 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET | | | | | | CITY OR TOW | N | COUNTY | STATE | |
| 0 | Z | WHILE NOT W | VHILE | (AT HOME S | INEET, FACTORY, OFF | ICE, FARM, ETC.) | SINCE | | | CIII ON TOW | | | 31816 | |
| 0 | | AT WORK AT W | ORK _ | | | 7777 77 | 15 | 0.5 | | TTTT 71 0 | 0 | 0.5 | | |
| E . | | 220.1 certify that (| l) knis haspit | ottended t | he deceased fro | om UULY | 15 | | | IULY 2 | | 19_85_ | , that (I) wolost | |
| | ы | saw the deced above, (I we) | sed alive an_ | JULY | 281 | 9_85 | nd that in (my | OUT opinion | death accur | rred on the dat | e and ha | ur and Irom the | e causes stated | |
| ٤ | | 22b. SIGNATURE | (did) (did not | view the bod | y offer deoth. | | DEGREE | | _ | | _ | | E SIGNED | |
| ₽ | | 220. SIGNATURE | 1 | -e1. | | | | A TITEL IO IN IC | 4450164 | | | 111 | 20 /DE | |
| - | | 1-014 | Whee | VE | Dur | an | MD. | PHYSICIAN [| MEDICA DIRECTO | OR PHYSICI | | 1/ | 66/13 | |
| MPORTANT: # hem 21 | | | | | | | | | | | | | | |
| FA | | CHURCH HOSPITAL & CORPORAT | | | | | | | | | RATION | | | |
| 8 | | GEORGE THOMAS, M.D. 100 N. BROADWAY, BALTIMORE, MD. 21231 | | | | | | | | | | | | |
| ≥ | 23a | BURIAL, CREMATION | REMOVAL | 23b. DATE | | 23c NAME OF C | | | | CATION | | | | |
| (SPECIEY) | | | | | | | | | ITY OR TOWN | | COUNTY | STATE | | |
| - | | Buriai | | 8/3/8 |) | Lastvi | ew Mem | | | <u>altimor</u> | | | MD | |
| 7/B4 | 24 F | UNERAL DIRECTOR | | | 1 | | | 250 DAT | E REC'D. BY | REGISTRAR 2 | | | | |
| 7/64 | Wm. C. March F/H 1101 E. No | | | | | th Ave. AUG 2 1985 This Davidson Randers | | | | | | | | |
| | | | | | | | | A | 7.00 | 500 | 12MU | Andrea (addres) | | |



STATE OF MARYLAND

| 1 - STATE REGISTRAR | | | FICATE OF DEATH | 0 2 | . 1 0 | 2 7 | 3 9 |
|--|---|-------------------|---|---|---------------------------------------|--------------|---|
| 1. DECEASED NAME FIRST | MIDDLE | 13.5 | LAST | 2a DATE OF DEATH | MONTH DAY | YEAR | 2b HOUR |
| (TYPE OR PRINT) | TIMT. | MICD | 71 77 77 | 7777 7 7 0 | 1005 | | 72.422.4 |
| 3 SEX | HTT 4 RACE | TISD. | OF BIRTH | JULY 18, 6 AGE (IN YEARS LAST BIR | | UNDER I YEAR | 12:43a M |
| FEMALE | BLACK | MONT | | - | MON | VIHS DAYS | HOURS MIN. |
| 79 BIRTHPLACE (STATE OR FOREIGN | | 6 | 18 28 | 9 BALTIMORE CITY C | YRS. | EDEATH | |
| COUNTRY) | 76 CHIZEN OF WHAT CO | MARRIE | ED NEVER MARRIED | P BALTIMORE CITT | NK COUNTY OF | DEATH | |
| MARYLAND | U.S.A. | WIDOW | | Baltimor | - | | MD |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | INDUSTRY | BUSINESS OR |
| Baltimore | Maryland | | | HOUSEWIFE | | | |
| USUAL RESIDENCE (IF NURSING HOI 130 STATE 13b C | OUNTY 13c. CITY | OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 2409 BAKER ST | | | |
| 14 FATHER'S NAME FIRST JAMES | MIDDLE ALSIC | LAST N | 15 MOTHER'S MAIDEN NA FIRST BLANCHE | WE | HAR | RIS LAST | |
| 160 WAS DECEASED EVER IN U.S | | IAL SECURITY NO. | 17 INFORMANT | ADDR | ESS | | |
| (1F YE | S. GIVE WAR OR DATES) | | RUSSELL JEFFRIES | 4315 FAT | REAX RD | | |
| 18 CAUSE OF DEATH (Ent | er anly one couse per line for (c | a), (b), and (c). | | | | APPROXIM | MATE INTERVAL |
| PART I. DEATH WAS CA | USED BY: | | arcinoma of t | he Breast | | | 980 |
| | | | T NOT RELATED TO THE TERM | IINAL DISEASE OR CON | IDITION GIVEN | IN PART 1:0 | |
| Myocardial 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | | R WHICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES | | |
| OR CONTROL OF CALLER O | DE DEATH HOUR A.M. MOI | | 21¢ HOW INJURY OCCURI | RED (ENTER NATURE OF INJU | RY IN ITEM TB PART | I OR PART ?) | |
| UF EITHER NOTIFY MEDICAL EXAMINE NOT WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJUR (AT HOME STREET, FACTOR | | 211 LOCATION STREET | CITY OR TO | NWC | COUNTY | STATE |
| saw the deceased alive above, X 1 (we) (did) X 1 | nospital) attended the decease e an <u>July 18</u> XXI) view the body after dea | | ne 10, 19 <u>85</u> and that in (r p) (our) opinion | to <u>July 1</u> death occurred on the d | | | hot (I X (we) lost ouses stated |
| 226. SIGNATURE 226. PHYSICIAN'S NAME W | felder | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STA | FF CIAN X | 7//S | 85 |
| K. Lange | nfelder | mp. | c/o Marylan | | ospital | / / | |
| 23a BURIAL, CREMATION, REMO | | | CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | OUNTY | STATE |
| BURIAL | 7/23/85 | ARBUIUS | MEM. PARK | BALITIMORE | | MD | _ |
| 24 FUNERAL DIRECTOR | | ADDRESS | | E REC'D. BY REGISTRAR | GLEWANNE | | |
| E. I. PHILLIDS HIN | FRAT. HOME 1721 N | MONDOE OF | .00 | L 1 0 1200 | Jan Maria | The in | The second second |

DHMH - 16 60M 7/84 (VRA 15, 4)

E.L. PHILLIPS FUNERAL HOME 1721 N. MONROE ST



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

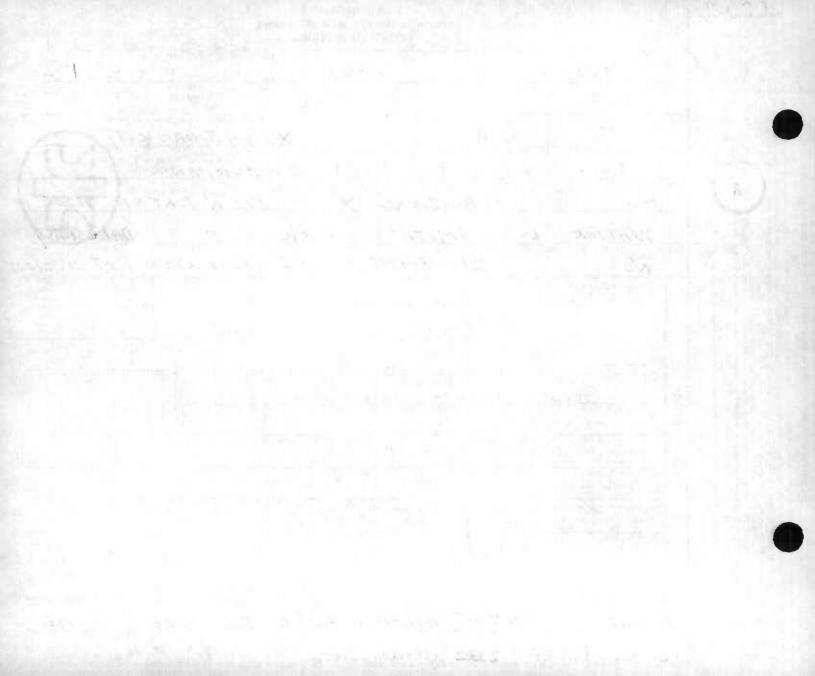
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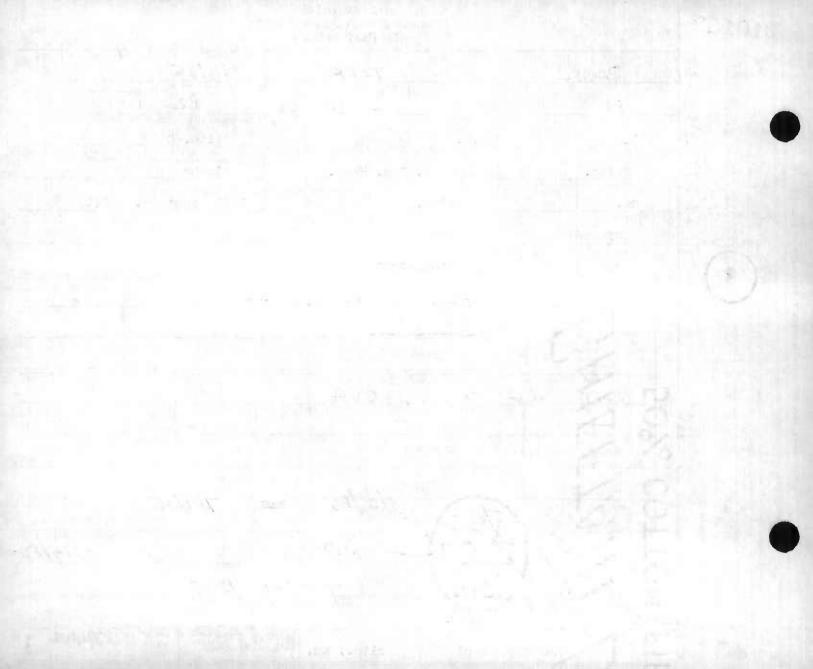
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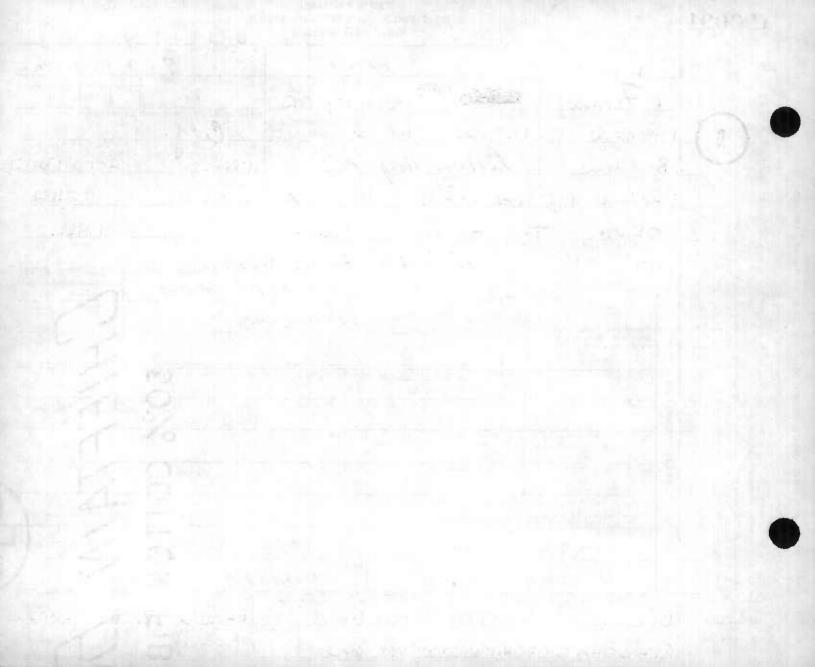
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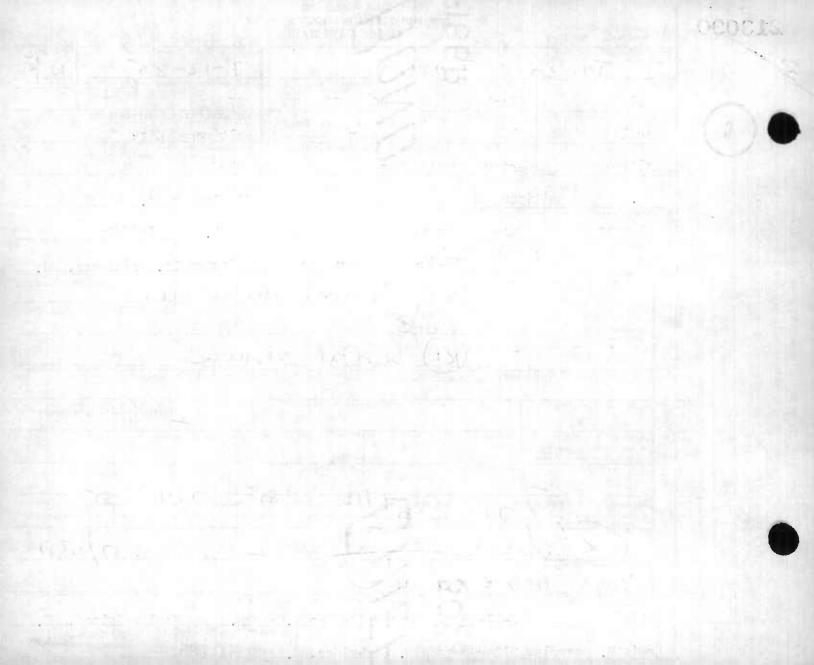
(VRA 15, 4)

FOR





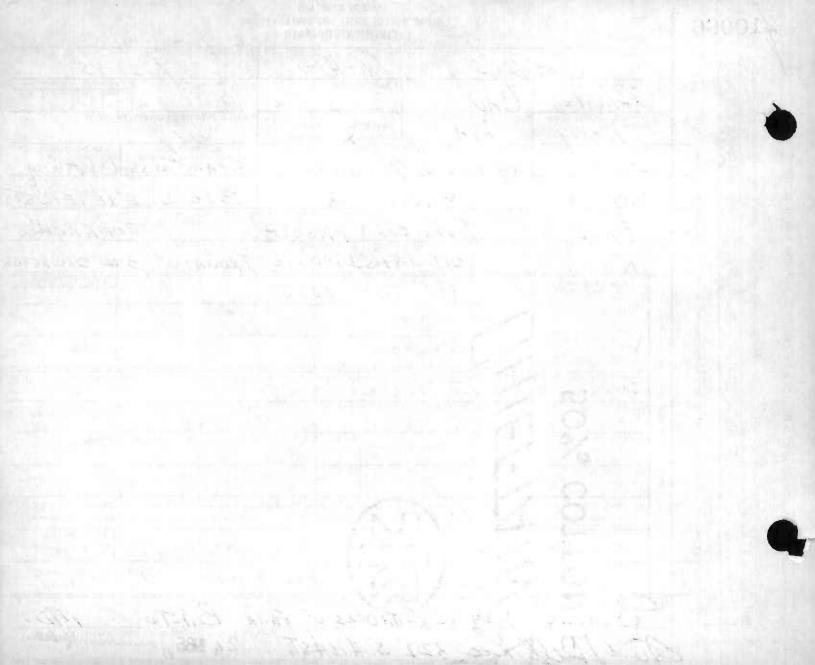




| 207175 | 1. | FOR STATE | DEPAR | TMENT OF HEALTH AND MENTAL | HYGIENE | | |
|--|---------------|--|--|--|------------------------------|--|--------------------------------------|
| 6 | | REGISTRAR CEASED NAME FIRST | WIDDLE | CERTIFICATE OF DEATH | REG. N | NO. O O | 4 4 |
| / n e | | OR PRINT) | MIDDLE | | 20. DATE OF DEATH | | 26 HOUR |
| page 3 | 3. SE | Pauline | I. RACE | Trociuk Is. DATE OF BIRTH | 6. AGE (IN YEARS LAST 8 | 7 22 1985 (RTHDAY) IF UNDER 1 YEA | R IF UNDER 24 HRS |
| | | Female | Cauc. | 6 29 1901 | 84 | WONTHS DAYS | |
| 1 cho | 70. B | IRTHPLACE (STATE OR FOREIGN 7 | b. CITIZEN OF WHAT COUNTRY | ? 8 | - PRAITIMORE CITY | OR COUNTY OF DEATH | |
| 人名人 | | Poland: | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | | e City | MD. |
| 1 11 1 | 10. C | ITY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE | ING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPAT | ION 126. KIND | OF BUSINESS OR |
| 2 13 800 | | Baltimore | 118 N. Ken | wood Ave. | Housewif | | |
| 24 hou led in old be | 13a. S | AL RESIDENCE (IF NURSING HOME OR O | 13c. CITY OR TO | WN 13d. INSIDE CITY LIMIT | S? 130. STREET ADDRESS | V-V-LILLED | |
| show | | Md • | Baltim | YES X NO 1 | 118 N. K | enwood Ave | 21224 |
| with and 2 | | FIRST | IDDLE LAST | FIRST | MIDDLE | | AST |
| pen du S | | Thomas WAS DECEASED EVER IN U.S. ARM | Pytryk | | ADD | Cior | ek |
| Poges Poges | 1 | YES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | | | | |
| e be ers. P | | No | 217-16 | | rren 108 N | | XXWAYE INTERVAL N ONSET AND DEATH |
| h certific ding phy or remo | A | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | MIC CIDEM | CARCINOU | A (0/04) | |
| deat after acve c | | Canditions, if any, which | (b) | | | | |
| t the e rem cremo | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEO | UENCE OF | | | |
| ed by a slease rial, cre | | | (c) | | | | |
| equire r signi signi ta bu njury, | Z | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR COM | IDITION GIVEN IN PART | Ita |
| been been prior. T | CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20g AUTOPSY? | 206. IF YES, WERE FIND | INGS USED |
| iction. | TIFIC | The second second | | | YES TI NOT | IN CERTIFYING CAUSE | |
| hysicie icote ronsit Hygin 18 sh | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OC | CURRED (ENTER NATURE OF IN) | | |
| SKIA ng ph certifi riol-tr entol | AL | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH | DAY YEAR | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | CITY OR T | OWN COUNTY | STATE |
| DING PHY or attendi After this e as the bu ofth and M marked ar | 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC) STREET | CITY OK I | JWN COUNTY | STATE |
| LDIN Cor Cor Cose of Cor Somo | | 220.1 certify that (1) (this hospita | | 3/16.19_ | X3., to | 9/29/19 31 | , that (I) (we) lost |
| TTEP prito TTOP for of H | | saw the deceased elive on obove, (I) (we (ald) (did not) | view the body offer depth | 85, and that in (my) (arr) api | nion death accurred an the c | late and hour and fram th | e causes stated |
| OR A DIREC Sched Dept. | | 226. SIGNATURE | The body office degrit. | DEGREE | | 22c. DA1 | ENGNED |
| | | ldle | rull | PHYSICIA | IG MEDICAL STA | FF CIAN 7 | 124/84 |
| HOSPITA HOSPITA FUNERA MId be de the Stot | | 226. PHYSICIAN'S NAME (TYPE OR | PRINT) | 22+ ADDRESS | -1 | -1 | |
| | | EMU | liller | 117 | . Chase | M. | |
| Of of Market | 23o. E | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c | NAME OF CEMETERY OR CREMATO | DRY 23d. LOCATION | | |
| BP | | Burial | 7/25/85 S | t. Stanislaus | | ore | Md. |
| HMH - 16 50M 4/82 | 24 FL | UNERAL DIRECTOR | ADDRESS | | DATE REC'D. BY REGISTRAF | 256. REGISTRAR'S SIGNA | TURE |
| (VRA 15, 4) | B. | Da hnowalri e | | Baltimore St. | JUL 24 198 | 5 Junuaryan | 10-16-10-00 |

| 7 20 1 45 | alu is | 20110 | 310 | Paul | |
|-----------------------|---------------|--|-----|------------|--|
| | 29 1901 | | | e Linus | |
| vylC exonlyla | W. Halley K. | | .2. | - Director | |
| aliwas of | | boowsel. | | error! Lig | |
| 11 T. Ferwood Ave. 21 | 37 | arcon latin | | . 201 | |
| Joseph . | 2.00 | An Asta.A | | | |
| .eva boomes a of a | PARTY BITE TA | 73.7 mm 1mm / 1 | 9 | No. | |
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| bi emilia. | may swalate | # 14 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | Lotage . | |

| | | | | STATE OF MARYLAND | VA | |
|--|---------------|--|-------------------------------------|---|-----------------------------|--|
| 210066 | 1- | FOR STATE | DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 10 | 1 25 % 4 4 24 |
| 1 | 1.050 | REGISTRAR CEASED NAME FIRST | WIDDLE | CERTIFICATE OF BEATT | 20. DATE OF DEATH | MONTH DAY YEAR TO HOUR |
| 0 0 5 | | OR PRINT) | Purla | 1801040 | M. DATE OF BEATT | 7 21 85 |
| poge r deot | 3. SEX | 6771 | 14. RAGED | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | |
| ge 4 m | J. JL/ | Famile | CAU | MONTH DAY YEAR 2 1896 | | MONTHS DAYS HOURS MIN. |
| Ooth. Po | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF WHAT COUNT | RY? 8. MARRIED NEVER MARRIED WIDOWED MORCED DIVORCED | 9. BALTIMORE CITY | OR COUNTY OF DEATH |
| ifter de dun d within | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME OR OTHER INSTITUTION (REET ADDRESS) | 120. USUAL OCCUPAT | DEWORKING LIFE) 12b. KIND OF BUSINESS OR |
| urs o | USUA | AL RESIDENCE LIF NURSING HOME O | ROTHER INSTITUTION AIVE RESIDENCE B | EFORE ADMISSION) | SEAMI | ress (Let Hing |
| ND 21 | 13a. S | | | | 13. STREET ADDRESS | S. EXETERST. |
| MARYLAND ed within 24 impletely filler ond 2 should | 14. FA | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | NAME MIDDLE | Tomancitio |
| | lán V | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIALS | SECURITY NO. 17 INFORMANT | 7 ADDR | |
| BALTIMORE, | | | WE WAR OR DATES) 212- | 01-8405 ISADORE | - TROUATE | 370 SIEXETER |
| SALTI Sucion 1, the | | | nly one couse per line for (o), (b |), ond (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST., B | 100 | PART I. DEATH WAS CAUS IMMEDIA | TE CAUSE (0) Adis | nder ASCVI | , | |
| or o | | | DUE TO, OR AS A CONS | EQUENCE OF | | |
| W. PRESTON of the deoth c of the attendir se remove cort cremation, or | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSI | EQUENCE OF | | |
| 201 plea uriol, | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR COM | NDITION GIVEN IN PART 1101 |
| RDS, | No. | CHRONIC DE | | 1LCER | | |
| RECORDS I low requir os been signed and prior to I has any injurto I | CERTIFICATION | 198. DATE OF OPERATION | 196 CONDITION FOR WI | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| VITAL N: The sysicion rooms to the Hygier Hy | E E | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCU | URRED (ENTER NATURE OF INJI | |
| | 1 | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | | |
| DIVISION OF NG PHYSICIA offending pl differ this certif os the buriol-1 th and Mental | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TO | OWN COUNTY STATE |
| NG Profess the profess of the profess the profess the profess the profess the profess of the pro | 1 | AT WORK NOT WHILE AT WORK | | | | |
| ENDI Pol or DR: A DR: A | | 220.1 certify that (I) (this hasp saw the deceased alive a | pitol) oftended the deceased from | | on death occurred on the c | date and hour and from the causes stated |
| RECT Ped fo | | obove, (1) (we) (did) (did n 22b, SIGNAJURE | ot) view the body after death. | DEGREE | | 22c DATE SIGNED |
| the I of the | | The ser | · cy | M. D ATTENDING | MEDICAL STA | AFF 7-23-45 |
| HOSPITA HOSPIT | | 226. PHYSICIAN'S NAME (TYPE | | 220 ADDRESS | HARFORD | Par Bocto, MD |
| TO HOSPITA etoined by TO FUNERA should be de with the Stot | | DONATO | A. VARG | AS 212 4706 | 10012700 | 1 21214 |
| | THE | URIAL PREMATION, REMOVA | L 23b. DATE | 231. NAME OF CEMETERY OR CREMATOR | CITYOPTOWN | COUNTY MATE |
| BP | 24 61 | WERAL DIRECTOR | 11-14-42 | GANDENS OF FA | | RISS REGISTRAR'S SIGNATURE 1.00 |
| DHMH - 16 50M 4/82 | 1 | NAME | 2004 | 5 SHIACK | JUL 2 4 1985 | 256 REGISTRAR'S SIGNATARE LA SI |



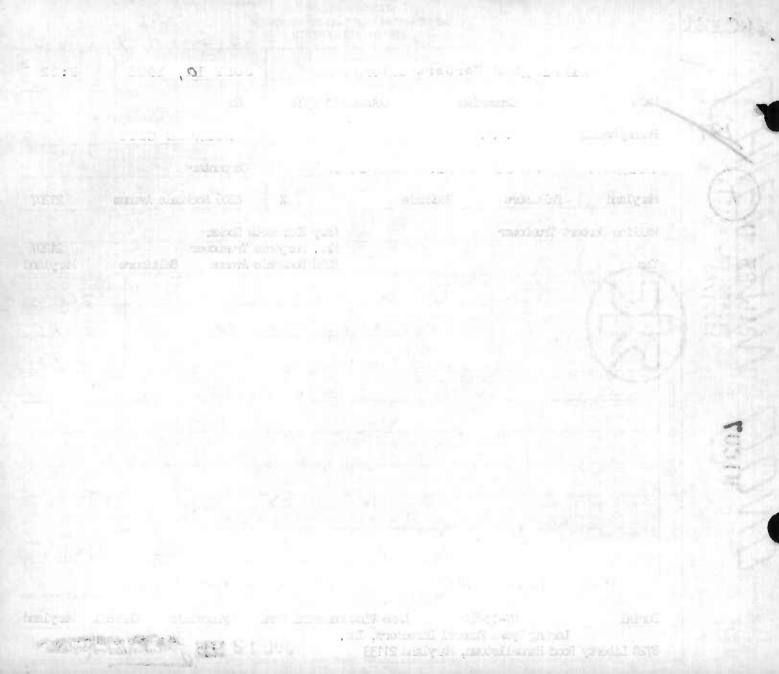
| DEPA | RTME | AL OF | HEA | LTH | AND | MENTAL | H |
|------|------|-------|------|-----|-----|--------|---|
| | (| ERT | IFIC | ATE | OF | DEATH | |

| | | | | STATE | OF MARYLAND | | | |
|-----------|---|-----------------------------------|---|------------|---|--|--|---------------------|
| 21 1 | FOR STATE | | DEPARTM | | ALTH AND MENTAL HYG CATE OF DEATH | IENE | 8 ** | 'a al a |
| | REGISTRAR | | | | | Ö 3€G. | | 3 4 6 |
| | CEASED NAME FIRST | | NIDDLE | LAS | | 20 DATE OF DEATH | | 28 110 OK 3 |
| 2.65 | | Villiam I | | Trum | bower | AGE (IN YEARS LAST | 10 1985_ BIRTHDAY) IF UNDER 1 YE | 3:02 |
| 3 SE | | 244 | | MONTH | DAY YEAR | | MONTHS DA | |
| 7 | IRTHPLACE (STATE OR FOREIGN | Caucas | WHAT COUNTRY? | 0 | ber 21 1922 | 62 | OR COUNTY OF DEATH | |
| 2 | Pennsylvania | U.S.A. | | MARRIED | DIVORCED DIVORCED | Baltimor | _ | |
| | Baltimore . | Johns , | HOOKINS HOS | pital ~ | OTHER INSTITUTION | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Carpenter | TOF WORKING LIFE) INDUST | D OF BUSINESS RY |
| 13a. | | | GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Rockdal | 1 | 3d INSIDE CITY LIMITS? | 13e STREET ADDRESS 8206 Rock | S / ZIP CODE kdale Avenue | 2120 |
| 30 | ATHER'S NAME FIRST | WIDDIE | LAST | | 5 MOTHER'S MAIDEN NA. | MIDDLE | | LAST |
| 4 | William Herbert | | 141 COCIAN CECUE | NA VALO | Mary Elizab | | ADEC C | 0407 |
| 100 | | S GIVE WAR OR DATES) | 166 SOCIAL SECUR | III NO. | 17. INFO Mment Marjor 8206 Rockda | | Baltimore | 2120 Maryla |
| | Yes | | | | OZUO NOCKUZ | re wetre | | |
| 11 | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | er only one couse per USED BY: | | | ARREST | | BETWE | ROXIMATE INTERVA |
| 9 | IMME | DIATE CAUSE (o) | DAKI | DIAC | VIEW OI | | | 20kil |
| | Condition II III | | AS A CONSEQUEN | PIRA | they fo | ILURE | | 3wt |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the | 9 | | | TA | 11000 | | Jak. |
| | underlying couse last | DOL IO, OF | AS A CONSEQUEN | EMON | rA- | | | 3wK |
| | PART 2. OTHER SIGNIFICA | NT CONDITIONS CO | NTRIBUTING TO D | EATH BUT N | OT RELATED TO THE TERM | NAL DISEASE OR CO | INDITION GIVEN IN PART | 110 |
| OF N | | C | OPD, | ACUT | & RENAL T | MILLURE | | |
| MISCATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH (| OPERATION | WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES - | |
| 8 | 210. ACCIDENT WAS UNDERLYING | 110110 4 1 | | VEAD | 21c. HOW INJURY OCCUR | | | |
| 1 3 | OR CONTRIBUTING CAUSE O | DEATH | M. MONTH DA' M. | 19 19 | | | | |
| MEDICA | 21d. INJURY OCCURRED | 21e PLACE C | OF INJURY EET, FACTORY, OFFICE FA | DAA ETC 1 | 211. LOCATION STREET | CITY OR | IOWN COUNTY | STAT |
| 12 | AT WORK NOT WHILE | | TELL PROPERTY OF THE TA | | C | | 0.5 | |
| 6 | 220-1 certify that (1) (this h | 7117 | | | 19_85 | | 10 19 07 | , that (1) {we |
| | saw the deceased oliv above, (1) (we) (did) (di | | | | that in (my) (our) opinion | deoth occurred on the | date and hour and from | the couses state |
| | 226. SIGNATURE | North 1 | 1-1 | | ATTENDING _ | MEDICAL S1 | AFF 220 D | ATE SIGNED |
| + | 22d. PHYSICIAN'S NAME (T | ture o | Sale | M | PHYSICIAN [| DIRECTOR PHYS | | 10/02 |
| / | MARK | KAZAK | MD | | THE ADDRESS | 11 overs | HOSPITAL | |
| - | | 1-0- | | | 20HOC | | 1105/11+6 | |
| 230 | BURIAL, CREMATION, REMO | | | | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | l Maryl |
| | Burial | 07-13- | -07) | Lake V | iew Memorial Par | k Sykesvi | lle Carrol | T LEILA |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Loring Byers Funeral Directors, Inc. 24 FUNERAL DIRECTOR 8728 Liberty Road Randallstown, Maryland 21133

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUL 12 128 4000 1000 1000



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY, GIENE

CERTIFICATE OF DEATH TO

Woodlawn Cemetery Mutter & Sons Funeral Home, Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VRA 15, 4)

Burial

7/31/1985

AUG 5

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson -

COUNTY

Baltimore, Maryland

STATE

85

& Mental Hygiene

Phillips

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

DHMH - 16 60M 7/84

(SPECIFY)

- STATE

REGISTRAR

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|--|------------|-----------|---------------------------|-------------|----------------|
| | 0681 S | A. | | | Pelica |
| Politicore City | X | | .A .E .d | | brielyte |
| Operator Dept. of Health Dept. of Health Dept. of Health Dept. of Health Lighter | | oumová v | scantle | | 10 h _ 3 h 6 l |
| Healthough, Nerviend 21215 40 | | | | | hacqiana |
| Communication 4516 | nets | (miscal) | na. | | n |
| 21213 boolyts .avenific | -mid - # | Ed- | 716-74 | | .61% |
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| | | 7,121,36% | o vot | | |
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| ER/10/2 5 | | | | , July | |
| Table for the later | | | | | |
| Selving, Edwinson, Naryland | | .369 | TANALANA MARINEN, ING. | amed anno d | 253 (11) |

| I | FOR | DEP ART/ | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG | GIENE | |
|---|--|--|---|---|--|
| ı | - STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 48EG. NO. 1 | 1 2 4 2 |
| ı | 1. DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | EAST | 20. DATE OF DEATH MONTH DAY | YEAR 2b. HOUR |
| ı | ALTON | | TYLER JR. | JULY 26,1985 | 5:15PM |
| | 3. SEX Male | American Indian | 5. DATE OF BIRTH September 24-42 | | UNDER 1 YEAR IF UNDER 24 HRS. HIHS DAYS HOURS MIN. |
| - | 7a. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COUNTY OF BALTIMORE CITY | F DEATH MD. |
| | 10. CITY OR TOWN OF DEATH BALTIMORE | JOHNS HOPKINS H | HOSPITAL | 120 USUAL OCCUPATION (Table OF WORK FOR MOST OF WORKING LIFE) Jire (hunger | 12b. KIND OF BUSINESS OR INDUSTRY |
| > | USUAL RESIDENCE (IF MURSING HOME C 130 STATE 130 COU | | YES X NO . | | Street 21231 |
| 1 | 14 FATHER'S NAME ALTORA | Jyler | 15. MOTHER'S MAIDEN NA FIRST Arijane | MIDDLE | eavey |
| | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166. SOCIAL SECULIVE WAR OR DATES) 245–68–4 | | yler 2126 E. Lomba | |
| | PART I. DEATH WAS CAUS | only one couse per line for (a), (b), on ED BY. ATE CAUSE (a) CARDIA DUE TO, OR AS A CONSEQUE | ARREST ENCE OF | | APPROXIMATE INTERVAL BETWEEN ONSEGAND DEATH Thour Shows |
| | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | | ASE | > 6 years. |
| | | CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | NIN AL DISEASE OR CONDITION GIVEN | IN PART 1(a) |
| 1 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | VERE FINDINGS USED NG CAUSES OF DEATH? |
| | OR CONTRIBUTING CHIEF OF DE | | AY YEAR | RED (ENTER NATURE OF INJURY IN ITEM IB PART | I OR PART 2} |
| | (IF EITHER, NOTIEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, F | ARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | saw the deceased alive o | oital) attended the deceased from 7 26 19 20 attivities the body ofter death. | , and that in (my) (our) apinion | deoth occurred on the dote and hour a | , that (1) (we) lost and from the couses stated |
| | 22b. SIGNATURE Osland | + a. Jule n. | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 7/26/85 |
| | 22d PHYSICIAN'S NAME (TYPE | ORPRINT) LUKE, M | D 22e. ADDRESS TOHNS | HOPKINS HOSPITA | 4 |

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 8-1-85

JOHNS

Red Springs

HOPKINS

Gallilee Cemetery Red Springs Robeson N

130 Date REC'D. BY REGISTRAP 256 REGISTRAP'S SIGNATURE

24 FUNERAL DIRECTOR John M. Weber & Sons Inc. 400 Pres S. Chester Sta

in Lavidson-Randole

the state of the forest of the state of the Mark track to bear A Land at Mark LANK The Color of the Lies V. S. S. Lorence V. the Table of the Park of Park A. L. Marie Moral Maria Maria the desired and the desired of the second of white distributions inc. in the secretary will 2 9 165 the FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | 0 | 9 1 0 |
|----------------|--|-------------------|--------------------------------------|------------------------|---|--------------------------------|---------------------------|-----------------|------------------------|
| | CEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONIH DA | Y YEAR | Zb. HOUR |
| , | FRIE | SA | L | 15Z | EROWICZ | C | 17-09 | -85 | 112 - HM |
| SEX | FEMALE | 4 RACE WHIT | E | 5. DATE O | 6. 20°, 191°9° | 6. AGE IN YEARS LAST | | UNDER I YEAR | HOURS MIN. |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF USA | WHAT COUNTRY? | 8. MARRIE WIDOWE | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY | OR COUNTY O | GT9 | MD |
| BA | LTI MORE | N. CH | ARLES" GEN | *HOS | OR OTHER INSTITUTION | 126 USUAL OCCUPA | ATION IFE ORKING LIFE) | | OF BUSINESS OR HOME |
| USU/ 130. S | AL RESIDENCE (IF NURSING HOME O TATE MARYLAND | | BALT IMO | | 13d INCIDE CITY LIMITS? | 13e STREET ADDRES 3815 MIDE | | RD. | #21215 |
| 14 FA | THER'S NAME | WIDDIE | LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAS | SI |
| | ISIDORE | | SNYDER | | MOLLIE | | | HLEMOY | |
| | VAS DECEASED EVER IN U.S. AL | RMED FORCES? | 166 SOCIAL SECUI | RITY NO | 17 INFORMANT | SAMUEL US | ZEROWICZ | | |
| | NO | | 220-09-5 | 386 | 3815 MIDHEI | GHTS RD. I | BALTO., | MD 2: | 1215 |
| CERTIFICATION | Canditians, if any, which gave rise to immediate cause in, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION | DUE TO, O | -dema | NCE OF | NOT RELATED TO THE TERM Falus port. N WAS PERFORMED | | 20b. IF YES, | WERE FINDI | |
| MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE | ATH HOUR A. | M. MONTH DA M. | Y YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF IP | NJURY IN ITEM 18 PAR | IT I OR PART 2) | |
| MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY REET, FACTORY OFFICE FA | ARM ETC) | 21f LOCATION STREET | CITY OR | TOWN | COUNTY | STATE |
| | 220.1 certify that (1) (this hasp saw the deceased alive ar obove, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1998 | Als, L | | , 01 | . 19 | MEDICAL ST DIRECTOR PHYS | TAFF SICIAN _ | 22c DATE | 9/85 |
| | Victor | MLbi | tes M. | D. | N. CHARLES | S GEN. HOS | P BAI | 10., | MD |
| 23a 8 | JURIAL, CREMATION, REMOVAI SPECIF BURIAL | | | | EMETERY OR CREMATORY | 23d LOCATION ROSEDA | LE BAI | LTO. | 51 M D |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

JULY 10,198\$ LUBAWITZ NUSACH ARI

ROSEDALE

BALTO.

6010 REISTERSTOWN RD. BALTO., MD 21215

JUL 1 6 1985

inches metals his JUL 1.6 1985 - Commonwhite

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25 10250

| K | | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG. No. | 00 | 19 | 000 | |
|----|---------------|--|--|--------------------|---|---|----------------------|-------------------------------|----------------------|-------------------------------|------------|---------------|---|-------|
| 4 | | CEASED NAME | FIRST | - 1 | MIDDLE | | AST | | 2a DATE OF | | MONTH | DAY YEAR | 2b HOUR | |
| J | | 2 34 7 44 7 1 | Joseph | Ric | chard | , Va | n Dyke | | , | July | 28, | 1985 | 11:002 | am. |
| | 3. SE | Male | 4 | RACE B1 | lack | Dece | | 3,1928 | 6 AGE INV | | HDAY) | IF UNDER LYEA | | - |
| Z | Ja Bi | Maryland | R FOREIGN 7 | U.S. | MHAT COUNTE | RY? 8 | D X NEVER | MARRIED | 9 BALTIMO | | R COUNTY | of DEATH | tu i | MD. |
| 18 | | TIYORTOWN OF D Baltimore | 3875 | Mary I | HOSPITAL, NUR H FACILITY, GIVE STR Land Ger | SING HOME C REET ADDRESS) neral H | OR OTHER IN | NOITUTION | 120 USUAL O | OCCUPATION OF THE PROPERTY OF | NC | | OF BUSINESS C | |
| 2 | Ma | AL RESIDENCE (IF NU STATE TYLAND | RSING HOME OR O | THER INSTITUTION Y | GIVE RESIDENCE BE 13c. CITY OR TO Baltin | OWN | 13d. INSIDE YES 🔀 | CITY LIMITS? | 13e.STREET / 4111 | | | | 21201 | 7 |
| 0 | J | oseph W. | Van | | Sr. | | 15 MOTHER Lor | 'S MAIDEN NAM FIRST ina | Van D | MIDDLE | | | LAST | |
| 1 | | YES, NO OR UNKNOWN | | ED FORCES? | 166 SOCIAL SE | | 17 INFORM | | | ADDRE | | | Forest | |
| | | Yes, no or unknown) | WWI | I | 218-22 | 2-3649 | Mrs. | Wilhel | mina | Van : | Dyke | | Avenue | |
| | rion | Conditions, if on gove rise to ir couse tol, stol underlying cou- | y, which nmediate ing the se last | DUE TO, OF | Metastat R AS A CONSEC R AS A CONSEC | DUENCE OF | | | INAL DISEASI | e or cone | DITION GIV | 'EN IN PART | 1 ia | _ |
| 9 | CERTIFICATION | 19a. DATE OF OPER | ATION | 196 CONDI | TION FOR WHI | CH OPERATIO | N WAS PERF | ORMED | 200 AUTC | PSY? | IN CERTIF | | DINGS USED ES OF DEATH? | |
| 7 | MEDICAL CER | 71a, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY MEI 21d INJURY OCCU WHILE AT WORK AT WORK | CAUSE OF DEATH | P./ 21e PLACE (| M. MONTH | 19 | 211 LOCAT | | ED (ENTERNA | TURE OF INJUR | | COUNTY | | |
| | | 22a certify that g sow the dece obove, w (we) 22b SIGNATURE | sed olive on (did) (short) | omeh | after death. | 85on | d that in XnX | | | STAF | te and hou | ond from th | that XI (we) large causes stated TE SIGNED 2-8-18-5 | ist . |
| | | RAMES | | SABAG | ATH | M.D | 22e ADDRE | Maryla. | nd Gen | eral i | Hospi | tal | | |
| | | BURIAL, CREMATION (SPECIFY) Buria | | 236 DATE | 1985 | Garri | | | | ORTOWN | 11. | COUNTY | STATE | |

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

Dyett 4600 Lib. Hights. Ave.

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The state of the s

Theory ?

- STATE 190029 REGISTRAR DECEASED NAME (TYPE OR PRINT) MARJORIE B 4 RACE 3. SEX Female WHITE TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION St. Agnes Hospital Baltimore USUAL RESIDENCE (IF NURS NO HOME OR OTHER INSTITUTION 130 STATE Baltimore Maryland A.A. 4 FATHER'S NAME MIDDLE Raymond Widerman 16b. SOCIAL SECURITY NO.

STATE OF MARYLAND

5. DATE OF BIRTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

15 MOTHER'S MAIDEN NAME

Bertha

| CERTIFICATE OF DEATH | 8 5 REG. NO. | 851 |
|-----------------------------------|---|--|
| LAST | 20 DATE OF DEATH MONTH D | AY YEAR 26 HOUR |
| Van Kirk | 07 0 | 2 85 10;50 _M |
| . DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER 1 YEAR IF UNDER 24 HRS |
| "IT 15 ZI | 63 YRS. | ONTHS DAYS HOURS MIN. |
| MARRIED 12 NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| VIDOWED DIVORCED | Baltimore Cit; | y MD. |
| HOME OR OTHER INSTITUTION ORESS) | 12d USUAL OCCUPATION (IMPE OF WORK FOR MOST OF WORKING LIFE) Supervisor | 126 KIND OF BUSINESS OR INDUSTRY Drug Manufact |
| MISSION) 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE | |

120 Camrose Ave 21225

ADDRESS

| (AE NO OK NHKHOMH) | (IF YES GIVE WAR OR DATES) | 214-12-2272 | Patricia A. Isaa | ic 123 H | aile Ave, | Balto Md |
|--|--|---|------------------|----------|-----------|--|
| 18 CAUSE OF DEAT PART I. DEATH W | H (Enter anly one cause pe AS CAUSED BY: IMMEDIATE CAUSE (a) | r line for 101, (b), and 10-1 ADVANCED MET | ASTATIC BRAIN LE | ESIONS | | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| | | R AS A CONSEQUENCE OF | | | | |
| Conditions, if ony, gove rise to im- couse (0), statin underlying couse | nediate | OR AS A CONSEQUENCE OF | | | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| 9a. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? YES □ NO 🛣 | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | |
|---|---|---------------------------------|--------------------------|--|--------------------|
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCURRI | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART 2 | |
| AT WORK NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| 220.1 certify that (1) (this hospital) saw the deceased alive on | ottended the deceased from July 1 | nd that in (my) (aur) opinion d | eoth occurred on the de | ote and have and from th | , that (I) (we) la |

226. SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

224. PHYSICIANS NAME (TYPE OF PRINT)

22e ADDRESS

Prendergast

21225

DR. GRUBER

Burial

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

7/6/85

231 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23d LOCATION Balto

Md COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy Balto Md

INTERNAL PROPERTY OF THE PROPERTY OF IP of the .eva sile fil oase. . should SYSS-SI--II the nation was administrative and a service of

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CEDTIFICATE OF DEATH

| AE | |
|-----|----------|
| 63 | l m |
| 8 | REG. NO. |
| 400 | REG. NO. |

1 9 8 5 2

| П | REGISTRAR | | | | CERTIF | ICATE OF DEATH | O O RE | G. NO. | 10 | - | Gra |
|---|---|---|---------------|--|-----------|-------------------------------|---------------------|--------------------------------|-------------------------------|--------|---------------------|
| | I DECEASED NAME | FIRST | A | MIDDLE | 1 | ASI | 20. DATE OF DEA | TH MONTY | DAY YEAR | 2b HC | UR |
| - | | GEORGE | W | | VERMI | LLION | JULY 16 | 1985 | 0.33 | 111: | 55PM |
| I | 1.5EX | | RACE | | 5. DATE C | | & AGE IN YEARS L | | MONTHS DATS | HOURS | ER 24 HRS |
| | Male | | Caucasi | ian | | 1 15, 1915 | 70 | YRS. | DATS | 1100%3 | MIN. |
| ş | Te. SIRTHPLACE U = 16 | OR FOREIGN 7 | b. CITIZEN OF | WHAT COUNTRY? | B. | NEVER MARRIED | 9 BALTIMORE C | TY OR COUNTY | OF DEATH | | |
| 2 | Maryland | 13000 | US | SA | WIDOWE | _ | BALTIMO | ORE CITY | | | MD. |
| P | HE CITY OF TOWN OF | DEATH 1 | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCU | UPATION MOST OF WORKING LIF | 17b. KIND (| | VESS OR |
| 7 | BALTIMORE | / | | HNS HOPKI | | SPITAL | Salesmar | | Bread | | |
| 5 | USUAL RESIDENCE (IF) 130 STATE Maryland | J3P OUN | | GIVE RESIDENCE BEFORE 13t. CITY OR TOW Forestv | N | 13d INSIDE CITY LIMITS? | 13e STREET ADDR | RESS / ZIP CODE | | ¥304 | 20747 |
| | A FATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NA | ME | | | | |
| 0 | Alfred | M | IDDLE Ve | rmillion | | Jennie | MID | DLE | Frazi | | |
| 2 | 160 WAS DECEASED E | | NED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | A | ADDRESS D | | | 4201 |
| 6 | (YES NO OR UNKNOWN | | MAR OR DATES) | 215-14-5 | 932 | Thelma H. Ve | rmillion | | onnell ville, | | #304 |
| | Conditions, if a gove rise to cause (o), st underlying co | IMMEDIATE ony, which immediate tating the ause last. | DUE TO, OF | R AS A CONSEQUE | ENCE OF | enal Fail CONCE | NINAL DISEASE OR | CONDITION GIV | 3 | da | 45 |
| 2 | 190. DATE OF OPE | ERATION | 196 CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY | IN CERTIF | S, WERE FINDI FYING CAUSES | | ATH? |
| 1 | OR CONTRIBUTING | CAUSE OF DEAT | P., | M. MONTH D. | AY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE C | OF INJURY IN ITEM 18 P | PART I OR PART 2) | | |
| | NO. | NO! WHILE | | | | | | | | STATE | |
| | saw the dec | t (I) (this haspite eased alive an _ | 7/16 | e deceased from_ 19_2 after death. | 75.0 | nd that in (my) (aur) opinion | death accurred on | the date and hou | r and from the | | (we) lost stated |
| | 27h SIGNATURE | 15h | K | - | | DEGREE ATTENDING PHYSICIAN [| MEDICAL P | STAFF HYSICIAN | - 7/1- | SIGNET | 5 |
| | WAITO | NAME (TYPE OR | 1 | rnan | | Johns | Hopk. | ins t | los pi | te 1 | |
| | 23n BURIAL CREMATIC | ON REMOVAL | 23h DATE | 236 1 | NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | 1 | | | |

DHMH - 16 60M 7/84

Beall Funeral Home (VRA 15, 4)

Burial

July 20, 1985 St. George's Ch. Cem. Glenn Dale, Prince George's, MD

16000 Annapolis Road 250 DATE REC'D. BY REGISTRAR'S SIGNALLY AND Bowie, Maryland 20715 JUL 23 1985



Spail Penal Lone and Bowle, Maryland 20735

No. 1 1985 12 1986

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relient - chort - noilitet.V

STEP Lonnell in. | 800 Till . Allevinence modelines V. Verentaline Special States II William II Will

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| 5 | REG. NO. | 9 | 8 | 5 | 0 |
|---|-----------|---|---|---|-----|
| | KLO. INO. | | | | - 3 |

| 18 CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION 178 UNION OWNERS AND OF BUSINESS OF BALLINGS 178 USUAL DESCRIPTION 178 UNION OWNERS AND OF BUSINESS OF BALLINGS 178 USUAL DESCRIPTION OWNERS AND OWNERS 178 USUAL DESCRIPTION OWNERS AND OWNERS 178 USUAL DESCRIPTION 178 USU | | | EASED NAME | FIRST | ٨ | HODLE | t. | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
|--|------|--|--------------------|---------------|---------------------|--------------------------|---------------|-------------------------|---------------------------|-------------|----------------|----------------------------------|
| Male Male | | liter | OR PRINT) | Ovila | | J. | Vien | s | 7/17/8 | 3 | | 1TAM |
| Male | 4 | 3. SE) | (| | 4 RACE | | | | 6. AGE (IN YEARS LAST BIR | | | |
| COUNTRY CONNECTICUT CONNECTIC CONNECTICUT CONNECTICUT CONNECTICUT CONNECTICUT CONNECTICUT | 1 | 41 | Male | | Whit | e | | | 86 | | MONTHS DATS | HOURS MIN. |
| The Connecticut USA | 10 | | | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIEI | NEVER MARRIED | | | OF DEATH | |
| Baltimore Baltimore | 0 | C | onnectic | | - | | WIDOWE | DIVORCED [| | | | MD. |
| Baltimore The Union Memorial Hospital Auto Mechanic | 11/ | 10. CI | TY OR TOWN OF I | DEATH | (IF NOT IN SUC | HEACILITY GIVE STREET | ADDRESS) | | | | | F BUSINESS OR |
| 13a STATE 13b COUNTY 13d INSIDE CITY LIMITS 13b STREET ADDRESS / ZIP CODE 2713 Shirey Avenue 21214 14 FATHER'S NAME 15 MOTHER'S MADEN NAME 15 MOTHER'S MADEN NAME 18 MODE 18 M | 74 | | | | The U | nion Memo | rial | Hospital | Auto Mech | anic | 1 | |
| 15. MOTHER'S MAIDEN NAME MODIE Mongeau | 22 | | | | | | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | |
| Donat J. Viens Olivine Mongeau 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (145, NO QUENROWN) NO 18 CAUSE OF DEATH (Enter only one couse per line log (a); (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE 10, OR AS A CONSEQUENCE OF. Conditions, if any, which gave rise to immediate cause (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ETIME ALMOST ALL SECURITY ON LOG CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ETIME ALMOST ALL SECURITY ON LOG CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ETIME ALMOST ALL SECURITY ON LOG CONTRIBUTING COUNTY 190 DATE OF OPERATION 190 CONTRIBUTING COUNTY 210 ACCORN WAS UNDERLYING OR CONTRIBUTING COUNTY 211 ACCORN WAS UNDERLYING OR CONTRIBUTING COUNTY 212 ACCORN WAS UNDERLYING OR CONTRIBUTING COUNTY 213 ATTURE 214 NORK P.M. 19 215 INDEAD OF CALLY ON THE MEMBER OF INJURY (IS EITHER NOTAY MICHOLA EXAMINER) 216 AUTOPSY? YES NO IN THE MEMBER OF INJURY (IS EITHER NOTAY MICHOLA EXAMINER) 217 ALL SECTION OF COUNTY 218 ACCORN WAS UNDERLYING OR CONTRIBUTING COUNTY 218 ALL SECTION 219 ALL OCCURRED 210 ACCORN WAS UNDERLYING OR CONTRIBUTING COUNTY 211 LOCATION 212 ACCORN WAS UNDERLYING OR CONTRIBUTING COUNTY 213 ALL OCCURRED AT WORK 214 NORK P.M. 19 215 LOCATION CITY OR TOWN COUNTY STATE ATTENDING DIRECTOR PHYSICIAN DEGREE ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN AT WORK | 20 | | | | | Baltimo | re | | | rey Av | renue 21 | .214 |
| 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (16) NO 044-10-7848 Mrs. Gertrude McIntyre same as # 13 | - 6 | 14. FA | | | | | | | | | | |
| TYES, NO GENNANCHINE | 00 | | | | | | | | | | Monge | au |
| 18 CAUSE OF DEATH lienter only one couse per line log (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b). DUE TO, OR AS ONSEQUENCE OF J. Conditions, if ony, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF J. DUE TO, | 1 | | ES, NO OR UNKNOWN) | | | | | | | | " | |
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| DUE TO, OR AS A CONSEQUENCE OF A Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF A (c) DUE TO, OR AS A CONSEQUENCE OF A (d) DUE TO, OR AS A CONSEQUENCE OF A (e) DUE TO, OR AS A CONSEQUENCE OF A (f) DUE TO, OR AS A CONSEQUENCE OF A (g) DUE TO, OR AS A CONSEQUENCE DUE TO, OR | | | 18 CAUSE OF DE | ATH (Enter on | ly one couse per | line for (o), (b), one | | DOM | | | BETWEEN | MATE INTERVAL DNSET AND DEATH |
| Conditions, if ony, which gave rise to immediate cause (o), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To the terminal disease or condition given in part to the underlying cause lost. 190 DATE OF OPERATION | | | | | | Unavoi | 150 | 100-251 | | | | 1 1 1 |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 210 AUTOP | | | | | DUE TO, OF | AS 490NSEQUE | NCE OF 4 | 100 | | | | |
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| 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 2 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 211. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 212. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 213. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART ?) WHILE NOT WHILE AT WORK ALWORK (AI HOME, STREEL, FACTORY, OFFICE, FARM, ETC.) SOW the deceased drive on Sow the deceased of Ive on The Deceased from Physician Direction Physician Physician Direction Physician Physicia | | | | | (c) | 1100 | 100 | | | | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21n. VORT 22n. I certify that (I) (this hospital) exercised the deceased from sow the deceased alive on 19 | | Z | PART 2 OTHER S | IGNIFICANI | ONDITIONS <u>CC</u> | NIRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART TIO |)1 |
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| OR CONTRIBUTING CAUSE OF DEATH (#EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE ALWORK ALWORK NOT WHILE NOT WH | 6000 | ERT | 210. ACCIDENT WAS | UNDERLYING [| | | | 21c. HOW INJURY OCCURR | | | | 110 |
| 270.1 certify that (1) (this hospital) offended the deceased from 19.5., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated in the land of the | 9 | | | _ | 1111 | | | 1 6 9 0 P 14 T P | | | | |
| 270.1 certify that (1) (this hospital) offended the deceased from 19.5., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated in the land of the | 1 | S | | | 21e. PLACE | OF INJURY | | 211 LOCATION | | | COUNTY | |
| 220.1 certify that (1) (this hospital) premied the deceased from | | X | | T WHILE | (AT HOME, STR | EET, FACTORY, OFFICE, FA | ARM, ETC) | STREET | CHYORIC | , — | COUNIT | STAIL |
| sow the deceased alive on the lody after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA | | | | | tal) offengled the | deceased from | Jul- | 19 8] | to Slike | 7 | 19.85 | that (I) (we) lost |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | | sow the deceased alive on 1921, and that in (my) (our) opinion death occurred on the date and ha | | | | | | | | | | causes stoted |
| PHYSICIAN DIRECTOR PHYSICIAN | | | | 1 | /// | ne desin. | | DEGREE | | , | 22-9-35 | 18/2 |
| 22e ADDRESS | | 100 | 1 Von | 199 / | lenos | 111) | | | | | 7// | 7/00 |
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| Timethy Murray M.D. 201 East University Parkway | 1 | | m-bas | Po Ti | methy M | mray M.D | • | 201 East U | niversity P | arkwa | Y | of Name |
| THE BURIAL CREMATION, REMOVAL THE DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE | | | | IN, REMOVAL | 736 DATE | 23c. N | AME OF C | EMETERY OR CREMATORY | | | COUNTY | STATE |
| | | | Bu | rial | 7/19/ | 85 Mc | st He | ly Redeemer | | ore h | laryland | |
| Power 1 7/10/05 Mart Hale Dall Dall Manufand | 1 | 24 EI | INFRAL DIRECTOR | | 1/19/ | 03 I M | BT. H | Ly Kedeemer | F DEC'D BY DEGISTRAD | OTO PECIST | DAD'S SICNIATI | IDE |

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc. 5305 Harford Road 21214

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Enrich 7/19/85 Fort Toly Lederner Belticore Enryland court d. Lack, Inc. 775 Herford Toad 91914

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR | | | | CERTIF | ICATE | OF DEATH | 8 ; | REG. NO | 1 | 9 0 | 3 | |
|---------------|---|---------------------------------------|-----------------|------------------------------|-------------|------------|--------------------------------|-----------------|---------------------------|-----------|--------------------------------------|---------------|--|
| | CEASED NAME | FIRST | | MIDDLE | | LAST | | 2a. DATE O | F DEATH N | ONTH | DAY YEAR | 2b HC | UR |
| | , | Edna | | Earl | V | oal | | Jul | y 21. | 19 | 85 | 1: | 08Rm |
| 3 SE | × | | 4. RACE | | 5. DATE (| | DAY YEAR | 6. AGE IN | YEARS LAST BIRTH | DAY) | MONTHS DAYS | IF UND | ER 24 HRS |
| | Femal | e | Whi | te | _ | pt. | 7 1905 | 7 | 19 | YRS | | | Total Control |
| | RTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NE | VER MARRIED | 9 BALTIMO | DRE CITY OR | COUNT | Y OF DEATH | | |
| | Virgini | a | U.S | .A. | WIDOWE | | DIVORCED [| E | Baltin | nore | City | | MD. |
| | ITY OR TOWN OF | | | HOSPITAL, NURSIN | ADDRESS | | | (TYPE OF WOR | OCCUPATION OF THE PORT OF | WORKING L | 126 KIND (INDUSTRY | | VESS OR |
| | Baltimo | | 2121 | Windsor | | dens | Rd. | Hon | nemake | er | | | |
| | Md. | 13b COUN | | Baltimo | N | 13d. INS | IDE CITY LIMITS? | 13e STREET 2121 | ADDRESS / | Apt. | D 14 Garde | | 21207 Rd. |
| 14 F/ | ATHER'S NAME | | | | | 15. MOT | HER'S MAIDEN NA | AME | | | | | |
| | unkn | | MIDDLE | LAST | | | eirst un} | cnown | MIDDLE | | LA. | .51 | |
| | WAS DECEASED EN | VER IN U.S. AR | | 166 SOCIAL SECU | RITY NO. | 17 INFO | DRMANT | | ADDRE | BelA | ir Md. | 21 | 014 |
| (| YES, NO OR UNKNOWN | ()F YES GIV | E WAR OR DATES) | 213-74- | 1500 | Joh | n Vogl | (son) | 618 | Pon | derosa | Dr | |
| | | immediate loting the buse lost. | (c) | R AS A CONSEQUE | NCE OF | (As | schovesevlav duevesed | with mee | licel exe | en cher | ciline y | ears | <u>, </u> |
| NO | PART 2 OTHER S | SIGNIFICANT (| ONDITIONS CE | ONTRIBUTING TO E | SEATH BUT | NOT REL | ATED TO THE TERM | MINAL DISEAS | SE OR COND | ITION GI | VEN IN PART 1 | G | |
| CERTIFICATION | 198 DATE OF OPERATION 198. CONDITION FOR WHICH | | | | OPERATIO | N WAS P | ERFORMED | 20c AUT | OPSY? | IN CERTI | S, WERE FIND FYING CAUSE ES [] | | ATH? |
| | 210. ACCIDENT WAS OR CONTRIBUTING | CAUSE OF DEA | 116 | FINJURY M. MONTH DA M. | Y YEAR | | | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK STREET, FACTORY OFFICE FARM EIC STREET ALWORK COUNTY STREET CITY OR TOWN COUNTY STATE | | | | | | | STATE | | | | | |
| | 22a.1 certify that sow the dec above, (1) (w | eosed olive on | 6.1. | 20 10 | | nd that in | , 19 69 (any) (our) opinion | , to | ed on the dot | e ond ho | 19_8 | | |
| | THE SIGNATURE | ua-/ | Gnelle | / | cus | DEGREE | ATTENDING PHYSICIAN | DIRECTOR | | | 22c DATE | SIGNET 25/ | 85 |
| | 22d PHYSICIAN'S | NAME (TYPE C | R PRINT) | | | 22e AD | DRESS | | | | | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Dr.

23a BURIAL, CREMATION, REMOVAL 23b. DATE 7/25/85

Herman

231 NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk 23d LOCATION
CITY OR TOWN
Baltimore

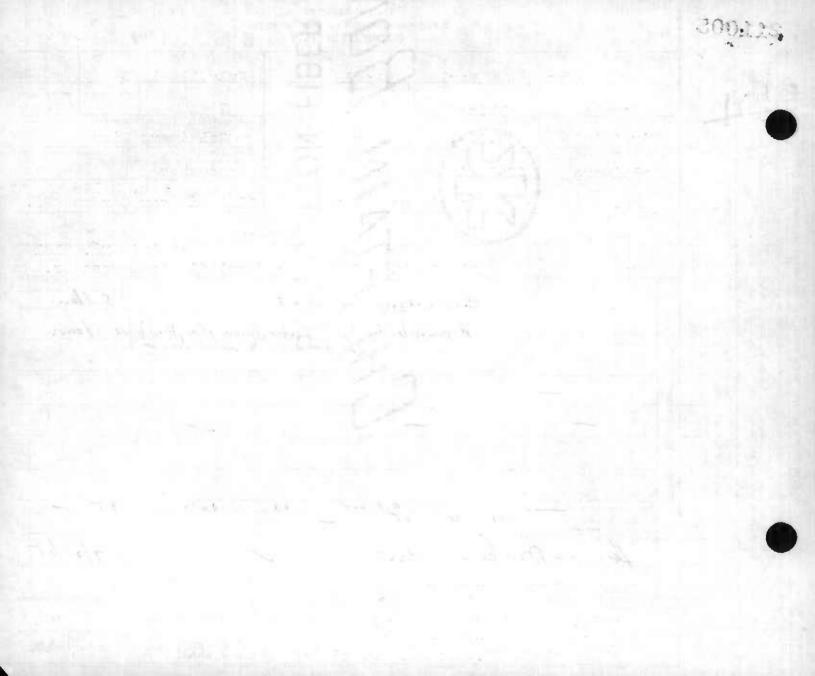
6410 Windsor Mill Rd.

2 6 985 Some Lividon - Pander

24 FUNERAL DISCRIMUNEK Funeral Home, Inc. 9705 Belair Rd., Balto. Md. 21236

Brecher

Md.



Film G605 item 14, 15 STATE OF MARYLAND ×03198 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 7/12/85 rja CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST MIDDLE 2a. DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTS 07 06 WUKOVICH 0420 JOHN 3. SEX 4 RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY IF UNDER TYPAR MONTH 1911 AUG. 31 73 MALE WHITE YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNA. U.S.A. BALTIMORE CITY WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR BALTIMORE MERCY HOSPITAL WELDER INSPECTOR BETH. STEEL CO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? BALTIMORE MD YES 5192 WRIGHT AVE. 21205 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Vukowich Szmerich MIDDLE FIRST MIDDLE HINEWIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT Poge: (IF YES, GIVE WAR OR DATES) SAME ADDRESS ANNABELLE VUKOVICH (WIFE) 210-03-3051 WW II YESAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: AT CINOMA IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ON DIVISION OF VITAL RECORDS CERTIFICAT 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOL YES NO F Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATU DEGREE ATTENDING MEDICAL STAFF be deto e State [PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRESS TYPE OR PRIMIT ld b MPORT OHN 30 ŧ 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION / SPECIEY CITY OR TOWN COUNTY STATE BP. BelAir Mem. Gardens BURLAL 24 FUNERAL DIRECTOR Funeral Home, Inc. DHMH - 16 60M 7/84 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

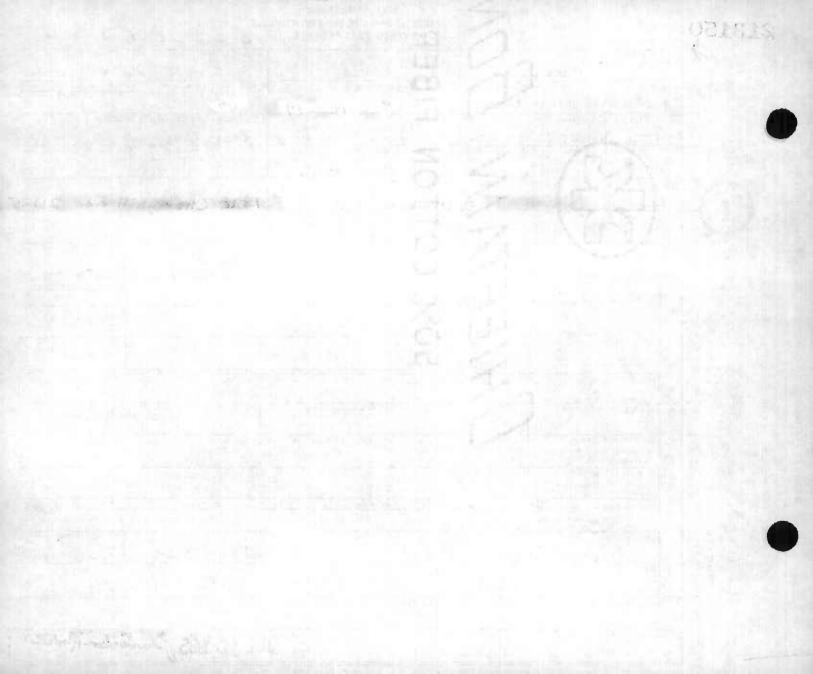
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| STATE | OF | MARYLAND | |
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| | 1 | | | STATE OF MARYLAND | | |
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| 213150 | 1 | FOR STATE | DEPA | RTMENT OF HEALTH AND MENTAL HY | GIENE | 0056 |
| ALOLO | 1 | REGISTRAR | | CERTIFICATE OF DEATH | 8 5 REG. NO. | 9000 |
| Y | 1. D | ECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| oy be death | (TY | Geor | 71.0 T | wade | Tra 7 | 26 85 (:36Am |
| ay l | 3 S | | PRACE . | S. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| or. p | | | | MONTH LAY YEAR | 4 | MONTHS DAYS HOURS MIN, |
| urs of a | | Male | Black | 8 12 19 | | RS. |
| P P P | 7a. | COUNTRY) | 16. CITIZEN OF WHAT COUNT | RY? 8 MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COL | JNTY OF DEATH |
| nero no 7. | | N. Carolina | U.S.A. | WIDOWED DIVORCED | | MD. |
| ed or d | 10 | CITY OR TOWN OF DEATH | | RSING HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| # 50 87 | | Balt. City | CHENOT IN SUCH FACILITY, GIVEST | leasuland linea. | (TYPE OF WORK FOR MOST OF WORK | INDUSTRY |
| Sun diff | US | JAL RESIDENCE (IF N RSING HOME O STATE 136 COU | R OTHER INSTITUTION GIVE RESIDENCE A | PORE ADMISSION | | |
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| 2 2 | | manyland - | 1 Valta | more YES NO [| 1820 Cherr | shill 88. 21225 |
| 1 184 1 | 14.1 | ATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | MIDDLE | LAST |
| 9 7 30 | | George | Wade | Florence | е | Ragland |
| d co | 16a | WAS DECEASED EVER IN U.S. AF | | ECURITY NO. 17 INFORMANT | ADDRESS | |
| Pogo | | (YES NO OR UNKNOWN) (IF YES, GI | ve war or dates) 216-28 | 3-4930 Mary Brooks | Rt. 5 Box 1106 | Roxboro, N.C. |
| te b | | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (a). (b) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| phy: | | | nly one couse per line for (a), (b) ED BY: | Losco | | |
| ng rbar | | IMMEDIA | TE CAUSE (b) | | | |
| oth cond n, a | | | DUE TO, OR AS A CONSE | ^ | | |
| ation atto | | Conditions, if any, which gave rise to immediate | (16) lune | (a_ | | |
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| been mit prior | 7 8 | 190 DATE OF OPERATION | 196. CONDITION FOR WH | TICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. | IF YES, WERE FINDINGS USED |
| has per present | 71 <u>ĕ</u> | | | | YES NO | ERTIFYING CAUSES OF DEATH? |
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| | 41 | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
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| this see by dor | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF | | CITY OR TOWN | COUNTY STATE |
| of the state of th | 1 | AT WORK NOT WHILE | | 0 | | 21 |
| A A S E C E E E E E E E E E E E E E E E E E | | | tolk ottended the deceased fro | 2 - 16 19 XI | 10 7 - alo | , 19, that (li (we) last |
| TTEP prior TOR for 1 | | sow the deceased plive or | 7-26 of view the body ofter death. | 9, and that in (my) our opinio | on death accurred on the date and | d hour and from the causes stated |
| REC Ped ppt. | | 226. SIGNATURE | of view the body offer dedfil. | DEGREE | | 22c. DATE SIGNED |
| F F F | | 1 - Kunan K | Burned 11 | ATTENDING | MEDICAL STAFF | 6 2-26-8 |
| by the | - | 20d PHYSICIAN'S NAME TYPE | OR PRINT | 22e ADDRESS | DIRECTOR PHYSICIAN | 17200 |
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| TO HOSPITA retained by TO FUNERA should be de with the Stat | | | arrows | 41TO KORU | d Ave. Balt. h | 10 2/211 |
| 5 5 - 2 3 € | 23a | BURIAL, CREMATION, REMOVAL | | 231 NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | (SPECIFY Burial | 8/3/85 | Church Cem. | Mayo | VA |
| | | FUNERAL DIRECTOR | | 25a. D | ATE REC'D. BY REGISTRAR 256 | STRUSSUNATORS F. NO Y |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 1 | Vm. ℃. March F/H | 1 1101 E. NOT | th Ave. | JUL 3 U 1985 7 | dia Dairdon-Roman |
| (10,11) | | | | | | |



STATE OF MARYLAND

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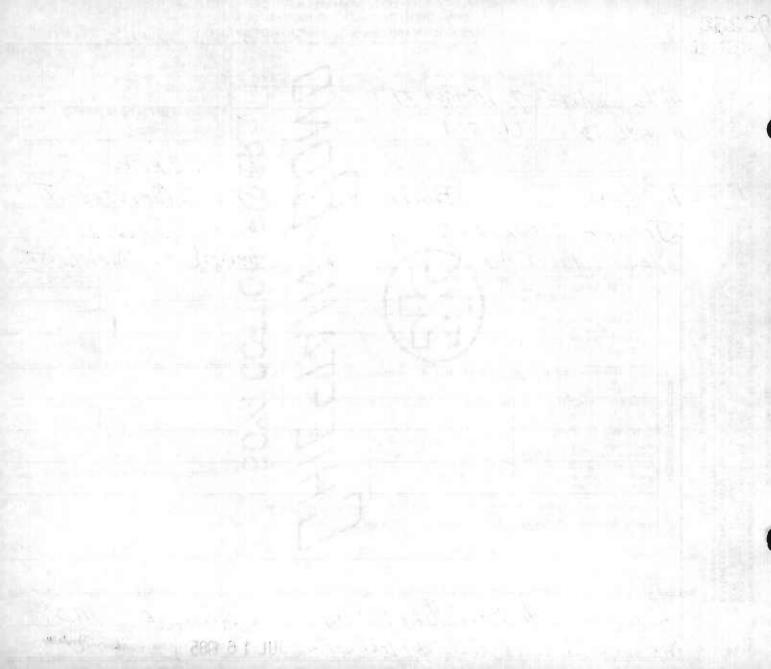
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| 101900 | - | REGISTRAR | | M | | XAMIN | ER'S C | ERTIFICATE | OF DE | ATH . | REG. NO. | 1 3 | 2 0 | |
| W H | | CEASED NA E OR PRINT) | ME FIRST | | MIDDLE | | | AST | | 20 DATE KI | ESTI- | HINOM | DAY YEAR | 26 HOUR |
| 2000 | | | RAYMON | 1D | | | WA | LCZAK | | DEATH A | MATED | 7 1 | 3 19 8! | 5 M |
| 万円である | 3. SEX | , | 4. RACE | 5 DATE OF BIRT | TH VEAR | AGE (IN YE | | | DER 24 HRS. | 2t. DATE | | MONTH | DAY YEAR | |
| NZ SER | M | 2/5 | WHITE | 7 13 | 5 1933 | 5/ YE | . Moistin | DAYS HOURS | MIN. | PRONOUNC DEAD | ED | 7 1 | 3 19 8 | 5 7:32 |
| A SETTINE | 70. B | | (STATE OR | TH CITIZEN OF | WHAT COUNT | RY? | 0 | D NEVER MA | name No | 9 BALTIMO | RE CITY OF | | | <u> </u> |
| の最高を | m | PRYLA | AND | U. 5 | 5.A. | | WIDOWI | | RCED | Balti | more (| City | | MD. |
| SAMES OF | 10. C | TY OR TOW | 'N OF DEATH | | OSPITAL, NURS | | , OR OTHE | RINSTITUTION | 12a US1 | MAL OCCUPA | TION (TYPE (| OF WORK 12 | N KIND OF B | |
| 30786 | | Baltim | | Key Me | dical C | enter | (DOA |) | Po. | STAL | CER | 2K | | |
| S S S S S S S S S S S S S S S S S S S | | L RESIDENC | CE (IF IN NURSING HOME O 113b, COUN | | | PR TOWN | | 13d. INSIDE CITY LIMITS | 2 113e STR | REET ADDRES | 0 | | 212 | 24 |
| ま 冬気出点限でつ | m | ARY | LAND - | | BAK | TIMO | RE | YES NO | 0 7/ | 16 5. | MOB | INSO | 1N J. | 1. |
| Notice B | 14. F/ | THER'S NA | ME | MIDDLE | / U | C T | | 15. MOTHER'S MA | IDEN NAME | E AND | DIE CO | | LACT | |
| w 3052500 | | TASP | DH 1 | 114/07 | AK | (31 | | JOSE | DHIK | IF | Sn.41 | 11/1 | 7 | |
| A CONTRACT | 168 | VAS DECEA | SED EVER IN U.S. ARA | | 166. SOCI | AL SECURITY | NO. | 17 INFORMANT | 11 | 1 / | ADDRESS | 20 | | 0. |
| E ENTROPE | | VES. | (IF YES, GIVE Y | A ARM | 1 | | | JEANETT, | E WAL | CZAL | 706 . | 1108 | INSIN. | 5. |
| 1 3 × 10 | 1 | | OF DEATH (Enter anl | | line far (a), (b), | and (c).) | | | | | | | APPROXIMA | TE INTERVAL |
| 是 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | PARTI | DEATH WAS CAUSED | BY: | voerten | sive 8 | art | erioscle | rotic | cardic | vascu | lar d | isease | ET AND DEATH |
| O VENT O | | | IMMEDIAT | | OR AS A CONS | | | | | | | | | |
| E SERVICE AND | | | tians, if any, which | | | | | | | | | | | |
| N N N N N N N N N N N N N N N N N N N | | | rise to immediate (a) stating the under- | DUE TO, | OR AS A CONS | EQUENCE O | OF. | 15.75 | | | | | | |
| N. A. A. A. | | lying | cause last. | | | | | | | | | | | |
| AND AND AND AND | | PART 2 OTHER | R SIGNIFICANT CONDITIONS | ONTRIBUTING TO OEA | ATN BUT NOT RELATE | D TO THE TERM | INAL DISEASE | OR CONDITION GIVEN II | N PART Lini | | | | | |
| S A S A S A S A S A S A S A S A S A S A | Z | - 16 | | | | | | | That I a | | | | | |
| A DENAMED | CERTIFICATION | 190 DATE | OF OPERATION | 196. CON | IDITION FOR W | HICH OPER | ATION WA | AS PERFORMED? | | | | | 20 AUTOPS | Y? |
| TAL STALL | 長 | 3 | | | | | | | | | | | YES 🗌 | ио [Х |
| OF VI | 1 2 | 210 EXTER | NAL CAUSE WAS | | OF INJURY | | 21c HO | W INJURY OCCU | RRED (ENTER | NATURE OF INJUI | TY IN ITEM 18 PA | ART 1 OR PART : | | 140 123 |
| * OT 322 | | | NG OR JTING CAUSE OF E | | A.M. MONTH I P.M. | | | | | | | | | |
| VISION TINGTH TINGT TINGT S SHO DEPAR | MEDICAL | 21d INTITIO | Y OCCUPPED | 21e PLAC | E OF INJURY | | 21f LOC | ATION | 10 | | | | | |
| DIV SCHOOL SCHOOL | Z | WHILE | NOT WHILE C | STREET, F | FACTORY, FARM, ETC | .) | 51 | REET | | CITY OR TOWN | | COUNT | 14 | STATE |
| PAKA STA | | | | | | | | | [22] | - | | | - | |
| SE S | | | ertify that I taak charg | | | e, held an | Autaps | y . Inspec | ction X. | Inquiry | , and | in my apini | ian | |
| NE BELLE | | death res | ulted fram: Natur | al causes LX. | Accident | , Sui | cide, | Hamicide | Undet | termined man | ner | | | |
| \$ 5 B B B B B B B B B B B B B B B B B B | | ACTUAL | ha-1 | 200 | 2 | | | TITLE (SPECIFY) | | | | DATE | 7 1 / | OE |
| DICK. | 1 | SIGNATUR | RE AVOY | VX | | | M. | Assistar | T MED | ICAL EXAMIN | VER | SIGNED. | 7-14- | 85 |
| MEDICALE SELVEN | - | EXAMINER (TYPE OR P | SNAME Ann | M. Dix | on, M.D | | | 111 | Penn | St., B | alto. | , MD | 21201 | |
| PATO PATO | 73a.B | The same of the sa | | 3b DATE | 230 | ME OF CEA | | CREMATORY | Mexic | CATION | | | | |
| 07/84 BP | 1 | 7116 | 312/ | 7/12/19 | 85 40 | 11/1 | 150 | 04 | 150 | OR JOWN | DRE | COUNTY | MD | STATE |
| 25M | 立 | NERAL DIR | ECTOR | 11.1.1 | 1110 | 7/1 | VORI | 250. DA | TE REC'D. BY | Y REGISTRAR | 25b. REGIS | | | - |
| DHMH - 17 (VR A15 ME (5)) | WA | JW ALL | AL KANT | 1 On 11 CH | 1 251 | 5F/1 | ET | 丁, 川 | JL 1 6 | 1985 | grova & | avidson | -Aandel | - |
| (************************************** | LIZ, | MILUNY | V-DALY | ACRIA | 14000 | 100 | | 0 | OF I | 1000 | 47 | 1 | • | |



FOR

REGISTRAR

DECEASED NAME

1 - STATE

17h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Burial Ma TATE Arbutus 7/11/85 Arbutus Mem. Pk. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 1901 E. North Ave Wm C March F/H, Inc. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

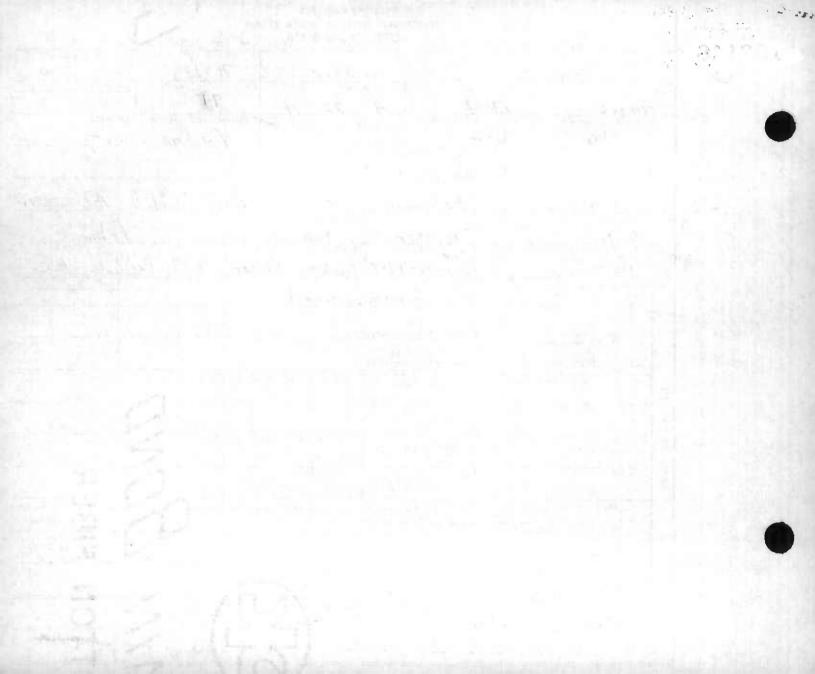
IF UNDER 1 YEAR

26 HOUR

2:40

IF UNDER 24 HRS

7a DATE OF DEATH



207162

STATE OF MARYLAND

| EPARTMENT OF | HEALTH | AND | MENT | AL HYG | IEN | E |
|--------------|---------|-----|------|--------|-----|------|
| CERT | IFICATE | OF | DEAT | H | | 8 |
| | LAST | | | | 70 | DATE |

| O DREG. 1 | 10. | 1 | () | 9 | 0 |
|-------------------------|----------|--------|------------|--------|------------|
| 20. DATE OF DEATH | MONTH | DAY | YEAR | 2b. H | OUR |
| 12000 | 7- | 19 | - 85 | 8: | 35 A |
| 6. AGE (IN YEARS LAST B | IRTHDAY) | 1F UNI | DER I YEAR | IF UNI | DER 24 HRS |
| | | | | | |

STATE

| 1 | 1 NEFENSEN MANUE LIKE | MIDDLE | LAST | | Zu. DATE OF DEATH | 0111 | ZIL HOUR |
|---|------------------------------------|-------------------------------------|----------------|---------------------|---------------------------------|------------------|----------------|
| | (1994 On Heint) | Lee Roy | walt | (er | 7- | - 19 - 85 | 8:35 AI |
| V | 3.5EX | 4 RACE | 5. DATE OF BI | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | |
| | Male | Caucasian | MONTH - | 2 - 24 | 60 YRS | MONTHS DAYS | HOURS MIN. |
| 7 | THE BIRTHULACE, I STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | Y? 8 | V | 9 BALTIMORE CITY OR COUN | ITY OF DEATH | |
| | Spartensburg, S.C. | USA | WIDOWED [| NEVER MARRIED X | | ity | м |
| 7 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | SING HOME OR O | THER INSTITUTION | 120. USUAL OCCUPATION | 12b. KIND (| OF BUSINESS OF |
| 1 | Baltimore | MERCY HOSE | ITAL | Bess \ | DISABLED | 3 LIFE) INDUSTRY | 0.00 |
| 7 | JUSTIAL RESIDENCE IN HUMBING HOMBO | DIHE INSTITUTION GIVE RESIDENCE BEF | ORE ADMISSION) | | 1 | 46 | 9 4 67 6 |
| f | 13a 51 74 0 | | / | INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | 29 | 303 |
| J | 3.6. 300 | tensburg)parton | | S NO | 535 Magness | Dr. | |
| d | TE FATHER'S NAME | upper 1 | 15. | MOTHER'S MAIDEN N | | | |
| ú | Carl Leo | MIDDLE WELKER | | Annie | May "Doll Cart | ee 1 | 51 |
| 2 | 160. WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SE | | INFORMANT | ADDRESS | ./1./ | |
| | | | | | | | |

| 8 CAUSE OF DEATH (Enter only o | ne cause per line for (a), (b), and ic. | Approximate interval BETWEEN ONSET AND DEAT |
|--|---|---|
| PART I. DEATH WAS CAUSED B IMMEDIATE C | AUSE(0) Cardiac arrest | |
| Conditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF (b) Preymonia | |
| gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | |

IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

HOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram.

sow the deceased alive an abave, (I) (we) (did) (did nat) view the body after death and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN PHYSICIAN

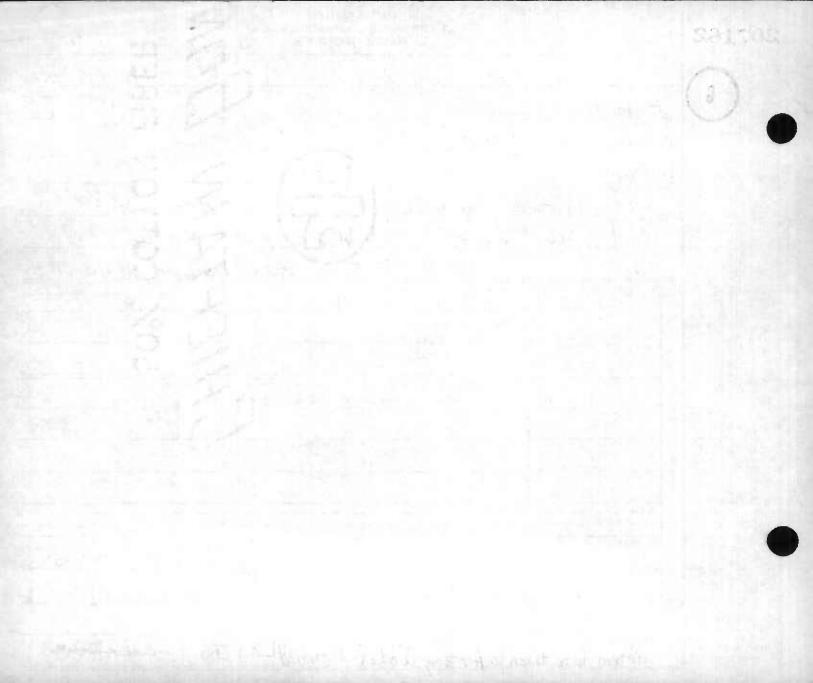
23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION CITY OR TOWN COUNTY STATE (SPECIFY)

7/20/85 Removal 24 FUNERAL DIRECTOR Anatomy, Board

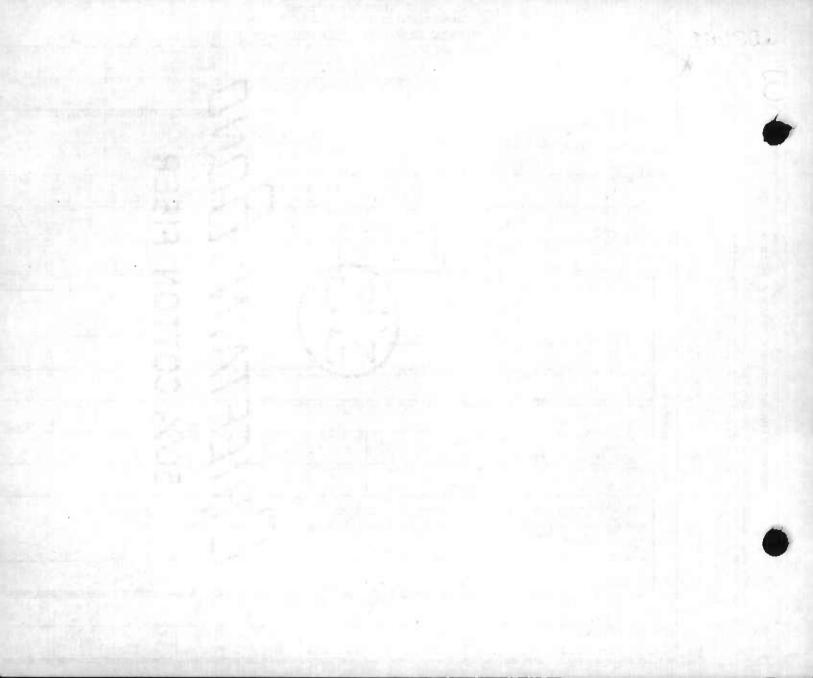
DHMH - 16 60M 7/84 (VRA 15, 4)

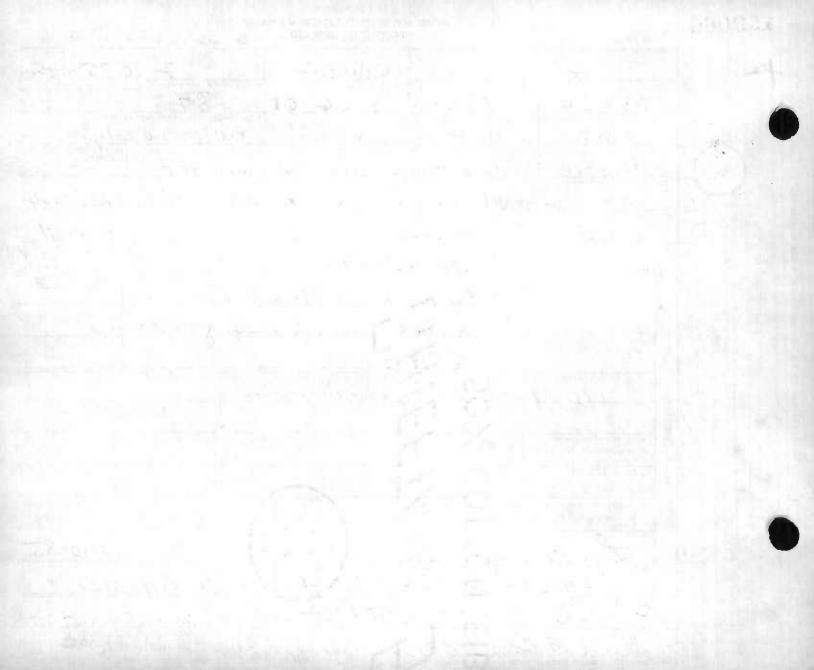
CERTIFICATION

MEDICAL



| | | | | | | | | MARYLAND | | | | |
|-------------|--|---------------|--------------------------------|------------------------------|-------------------------|-------------------------|-------------------|---------------------------|--------------------------------|-----------------------|---------------|--------------|
| | | | FOR STATE | | | | | H AND MENTAL | | | | |
| Li | 2061 | | REGISTRAR | | ME | | MINER'S | CERTIFICATE | | REG. NO. | 5 6 | |
| | V | | CEASED NAME E OR PRINT) | FIRST | | WIDDEE | | LAST | 20 DATE KNO | WN A MONTH | DAY YEAR | 26 HOUR |
| - | IS NECESSARY, PEASE E FUNERAL DIRECTOR. E FON YOUR FILES. D. WITHIN 72 HOURS I WI PRESTON STREET, | | | HER | RBERT | E. | WALL, | JR. | DEATH MA | TED [/-; | .1-85, | ٨ |
| 3 | 第日本文献 | 3 SEX | 4 | RACE | 5. DATE OF BIRTH | | E (IN YEARS IF L | | R 24 HRS. 2c. DATE PRONOUNCED | MONTH | DAY YEAR | PINIOUR |
| | N2 Z | | 11 | В | 2 12 | 45 4 | O YRS. | UATS HOURS | DEAD | 7-1 | 11-859 | 10:0 |
| 1 | PRESTON | 7a. BI | RTHPLACE (STAT | E OR | 76. CITIZEN OF W | HAT COUNTRY? | 8. MAD | RIED NEVER MAR | 9. BALTIMORE | CITY OR COUN | | |
| | DELAY IS NECESSARY, F 310 THE FUNEAL DIRE IMP PAGE S FOR YOUR DBE FILED, WITHIN 72 H RDS, AU W PRESTON S' | FO | NEIGH COUNTRY) | Md. | | USA | WIDO | | | imore Cit | t.v | ААГ |
| | AY IS NE AGE 5 FILED, W | 10. CI | TY OR TOWN O | FDEATH | | | HOME, OR OT | HER INSTITUTION | 12ª USUAL OCCUPATION | | 126 KIND OF | |
| | * ESESTI | _ | | | | ACILITY, GIVE STREET AL | | | Photoway | blier | OR INDUS | STRY |
| | 2, AND 3 TO T 3. RETAIN PA SHOULD BE FI ALRECORDS, A | USU/ | altimore | IN NURSING HOME | Union Me | IVE RESIDENCE BEFORE | ADMISSION | | | | 7177 | 0 |
| 21201 | Z S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | 13a S | Md. | 136 COUR | | 13c CITY_OR IC | to. | 13d INSIDE CITY LIMITS? | 4 4 () 57 | Dani | 6/25 | 1 |
| 0.21 | STA | 17.5 | | | | Dal | | YES 🖾 NO | | Denis | on St. | |
| 2 | E-FOE | | ATHER'S NAME FIRST | | MIDDING | Wall | Sr. | 15. MOTHER'S MAI | DEN NAME | | LAST | |
| 380 | 20 TO - | | lerbert | | ٠. | | | | D | • | Tayl | or |
| 1 | \$4.088 / | 16a. V | VAS DECEASED | (IF YES, GIV | E WAR OR DATES) | 166 SOCIAL SI | | 17. INFORMANT | | DDRESS | | |
| (≦B | MAG | | 100 | | | 212-44 | -4424 | Mrs.Ada | B.Wall 11 | 8 M.Der | ilson : | St. |
| 1 3 | 18 A C | | 18 CAUSE OF | DEATH (Enter of TH WAS CAUSE | nly ane cause per line | e far (a), (b), and | (c).) | | | | BETWEEN ON | ATE INTERVAL |
| 1 | A SERVE | | PARTIDEA | IMMEDIA | ATE CAUSE (a) GUL | shot wou | ind to | chest | | | | |
| STO | STATES | | | | DUE TO, OR | AS A CONSEQU | ENCE OF | | | | | |
| 98 | THIN 2 | - 1 | | if any, which | | | | | | | | |
| * | NAME NO | | cause (a) st | ating the <u>under</u> | | AS A CONSEQU | ENCE OF | | | | | |
| 30 | NO A PERSON | | lying cause | last. | (e) | | | | | | | |
| 90 | ANEX SA | | PART 2 OTHER SIGN | IFICANT CONDITION | S CONTRIBUTING TO DEATH | BUT NOT RELATED TO | THE TERMINAL DISE | ASE OR CONDITION GIVEN IN | PART 1 (a). | | | |
| 00 | BE EXECUTE BADING" IN WEDICAL EX AS A BURRA ALTH AND A CREMATION | 3 | | | | | | | | | | |
| 200 | HEALT CREATER | FA | 19a. DATE OF C | PERATION | 19b CONDI | TION FOR WHICH | H OPERATION | WAS PERFORMED? | | | 20 AUTOPS | Y? |
| TA | LINE HOUTE | 100 | | | | | | | | | YES X | NO 🗆 |
| > | CRITICATE SHO TING THE WORD DED TO THE CHIE 3 SHOULD BE US DEPARTMENT OF PRICE TO BURLA PRICE TO BURLA | CERTIFICATION | 21a EXTERNAL | | 21 LIWE O | E INJURY MONTH DAY | 21c. (| HOW INJURY OCCUR | RED LENTER NATURE OF INJURY II | NITEM 18 PART 1 OR PA | | 110 [] |
| PIVISION OF | SHOOM S | | UNDERLYING | X OR | CENTRICO O CON | 7-11-8 | YE AR | ubject sho | t during an | altercat | ion | |
| 0.50 | PAC SET | MEDICAL | 214 INJURY OC | CURRED | DEATH 9:06PA | OF INJURY (AT) | OME 211 1 | OCATION | c dar mg an | a rocr cuo | 1011 | |
| NO. | S C S C S C S C S C S C S C S C S C S C | 1 | WHILE AT WORK | NOT WHILE | STREET, FAC | lassic b | an 3 | 126 Greenm | ount Avenue | Baltimo | re. Mar | vlaffd. |
| | THE WAN PAG 212 | | AT WORK | AT WORK | * - | Tassic D | | | Outro Avenue | 54.51 | | 3 |
| | SES SES | | 220 I certify | that I taak char | ge of the remains de | scribed abave, he | ld an Auto | ipsy X Inspect | | , and in my a | pinian | |
| - | EXAMINER CERTIFICAT ULD BE FOR DIRECTOR WITH THE MARYLAND | | death resulted | fram: Nate | ural causes, | Accident, | Suicide | Hamicide XX | Undetermined manner | | | |
| | EXAMI CERTIF JID BE DIREC WITH WARYL | | | M | . 1- | (1) | 0.0 | TITLE (SPECIFY) | | | 7 10 | 0.5 |
| _ | 목표古목도~ - | | ACTUAL SIGNATURE | 1100 | of ance | the Tr | ell | M.D.Assistan | t MEDICAL EXAMINE | DATE R SIGNI | 7-12- | .85 |
| | MEDICAL CUTTHE CUTTHE FUNERAL ER DEATH | 1 | EVAMINED'S NI | A445 A4- | 0 | Vanall | мп | 111 PA | nn Street | | | |
| | ▼ 以出出 供与 | | EXAMINER'S N (TYPE OR PRINT |) IVIa | rgarita A | . KUTETT | ,11.0. | _ADDRESS | | | | |
| | 5885644 - | 23a.B | URIAL, CREMATIO | ON, REMOVAL | 23b. DATE | | OF CEMETERY | OR CREMATORY | 23d. LOCATION CITY OR TOWN | COU | NTY | STATE |
| 07/84 | BP | | Bur | ial. | 7/17/85 | Md. | Vet's | Cenetery | Ovings 1: | ills, | | I.d. |
| 25M | DHMH - 17 | | UNERAL DIRECTO | OR | ADDRESS | | | 250. DAT | | | | |
| | (VR A15 ME (5)) | Ch | athan- | Harris | FH 1701 | McCul | loh St | reet III | 1 1 5 1985 | clia Dartilos | multiplicated | Kan . |





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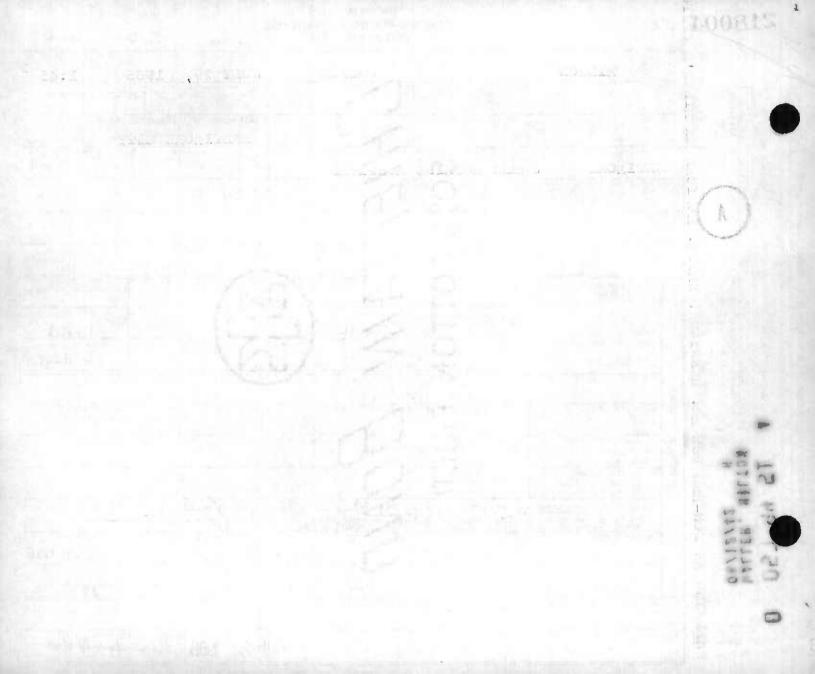
(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



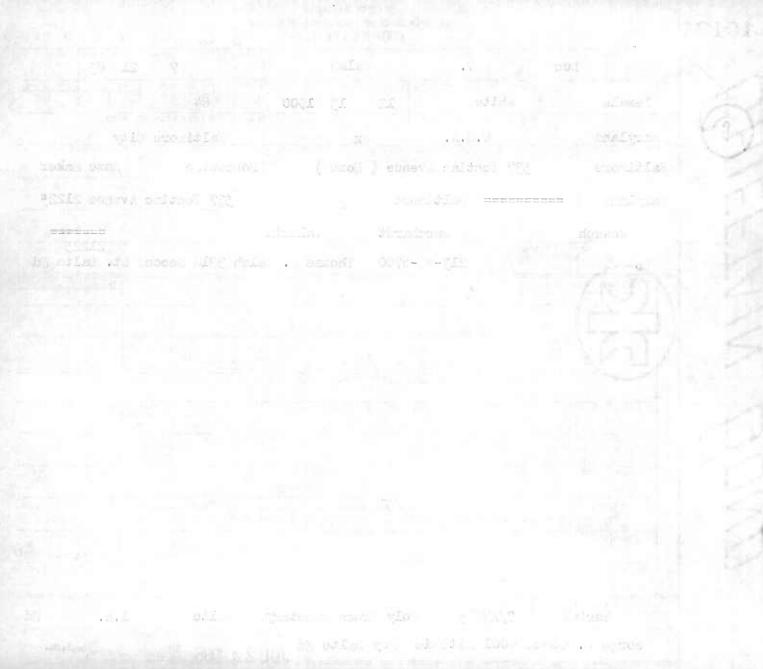
| STATE | OF | MARYLAND |
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| 21012 | 4 | 1 | FOR STATE REGISTRAR | | | DEP | | IEALTH AND | MENTAL HYG | IENE 8 | REG. I | NO. | 9 | Ö | 6 | 4 | | | | | | | | | | |
|--|-----------|--|---|--------------|--|--|-------------------|----------------|----------------------------|-------------|--|-----------------|--------------------|-------------------------|------------|-------------|---------------|------------|-------|---------|--------|-------------------|-------------------------------|--------------------|--------|-----|
| 1 700 | 1 | | EASED NAME DR PRINT) | FIRST | N | V. | | Walsh | 50.12 | 2a DATE (| OF DEATH | 7 | 21 | 85 | 25 HOL | R 3 | | | | | | | | | | |
| 1 01 | 3 | SEX | | | 4 RACE | | 5. DATE (| | YEAR | 6. AGE (III | N YEARS LAST B | BIRTHDAY) | MONIHS | ER I YEAR | IF UNDER | MIN. | | | | | | | | | | |
| 1 | | | Female | | White | | | 13 | 1900 | | 84 | YR: | | | | | | | | | | | | | | |
| (6) | 34 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | | | 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION | | | | | | Baltimore City MD. | | | | | | | | | | | | | | | |
| 100 | d | | Y OR TOWN OF DEA | TH | (IF NOT IN SUCH | OSPITAL, NU HEACILITY, GIVES ILIAC A | TREET ADDRESS) | Home |) | | OCCUPA ORK FOR MOST ewlfe | | | NIND O DUSTRY OME | | | | | | | | | | | | |
| fulles in bould be | 5 | Ma Ma | ryland | 13b, COUN | | GIVE RESIDENCE E 13c CITY OR Balt | TOWN | YES X | | | ADDRESS 37 Po | zip co ntiac | DDE Ave | nue | 2122 | 5 | | | | | | | | | | |
| | d | 4 FA1 | Joseph | ٨ | AIDDLE | Bui | rkhardt | 15 MOTHER | Valeria | ME | WIDDLE | | | LAS | | | | | | | | | | | | |
| Popes Popes medical | / | | AS DECEASED EVER I | | MED FORCES? WAR OR DATES) | | 36-6700 | Thom | as H. Wa | alsh | | RESS Secor | nd St | 212 Ba | - | Md | | | | | | | | | | |
| h certificate ding physicii orbonpopei or removal. | | Z | 18 CAUSE OF DEATH PART I. DEATH WA | | DUE TO OR | AS A CONSI | EQUENCE OF | / | | 1 4 | | | | APPROXI BETWEEN C | MATE INTE | DEATH | | | | | | | | | | |
| that the deat d by the otten ease remove c ol, cremation, or other troum | | N | Conditions, if ony, gove rise to imm cause (a), stating underlying cause | ediote | (b)_H | AS A CONSI | Sire of 1 | 14. | 11. | | men fi | ۲) | | | | | | | | | | | | | | |
| equires in signed Then pl r to buri | | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | | | | | | | | | PART 10 | | | | | | | | | | | | | | |
| on. hos bee t permit. ene prio | TIFICATIO | TIFICATION OF THE CATION OF TH | 2 TIPICATE | 7 July | CERTIFICATION | 2 TIFICATION | 2 TIFICATION | 9 IIIICATIO | 2 IIIICATIO | 2 IFICATION | 2 TIFICATION | 2 IIIICATION | 9a. DATE OF OPERAT | ION | 196 CONDI | TION FOR WI | HICH OPERATIO | N WAS PERF | ORMED | 20a. AU | TOPSY? | 20b. IF IN CEI | YES, WER RTIFYING YES [| E FINDIN CAUSES | OF DEA | TH? |
| ICIAN: TI g physicin entificate iol-tronsit ntal Hygin em 18 sh | | | 210, ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT | AUSE OF DEAT | 216. TIME OF HOUR A.A | M. MONTH | DAY YEAR | 21c. HOW 1 | NJURY OCCURR | RED (ENTER | NATURE OF IN. | JURY IN ITEM | 18 PART I O | R PAR1 2) | F | | | | | | | | | | | |
| G PHYS ottending ter this of sthe bur nond Me | | ¥ | 21d. INJURY OCCURRI | LE 🗍 | 21e. PLACE C | | FICE, FARM, ETC) | 211 LOCAT | ION | | CITY OR 1 | IOWN | cc | YINUC | | STATE | | | | | | | | | | |
| TENDIN bital or TOR: Aft for use a of Health | | | 22a. I certify that (I) (saw the decease above, (I) (we) (di | | | | | nd that in (my | , 19 /) (aur) opinion d | to | hely Do | date and l | _, 19 | | that (I) (| | | | | | | | | | | |
| the hose at DIREC etoched the Dept. | | | 226. SIGNATURE | | Eubon | | 2 | DE GREE | ATTENDING PHYSICIAN | MEDICA | L STA | AFF | 2 | me me | SIGNED | 1985 | | | | | | | | | | |
| etoined by TO FUNER, should be d with the Sto | | | 22d. PHYSICIAN'S NA. | A E | PRINT | BAU | ER | 22e ADDRE | | | | | 225 | . / | | | | | | | | | | | | |
| BP | 2 | 3a Bl | JRIAL, CREMATION, F | | 236. DATE 7/23/ | /85 | 23c NAME OF C | | CREMATORY Cemetery | | alto | | İ. | X. | 5 | Md | | | | | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE one Davidson Handelle



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| S REG. NO. | 9 | 3 |
|------------|---|---|
| REG. NO. | | |

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 5 REG. N | 0. 9 | 1 6 6 | 5 5 |
|---------------|---|--------------------------------------|---|-------------|---------------------------------|---------------------------|-------------------|-----------------|---------------------------------|
| | CEASED NAME FIRE OR PRINTS | RST | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH DA | Y YEAR | 2h HOUR |
| | | ertha | 15 | Wa | lston | J | uly 19 | 1985 | 6:20P M |
| 3 SE | X | 4 RACE | | 5 DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF | FUNDER I YEAR | IF UNDER 24 HRS. |
| | Female | Whi | te | May | | 90 | YRS. | NIHS DAYS | HOURS MIN. |
| la. B | IRTHPLACE I STATE OR FOREIG | | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY C | | OF DEATH | |
| | Md. | TT C | 7 | | D NEVER MARRIED | Da 74 ima | | | |
| 10.0 | ITY OR TOWN OF DEATH | U.S. | | WIDOWE | DR OTHER INSTITUTION | Baltimo | | ~ | MD BUSINESS OR |
| 10 0 | III OK TOWN OF DEATH | (IF NOT IN SUC | HEACHITY, GIVE STREET AD | DRESSI | | TYPE OF WORK FOR MOST C | OF WORKING LIFE | INDUSTRY | BUSINESS OR |
| | Baltimore | - | and Genera | | spital | Homemak | er | _ | |
| | AL RESIDENCE (IF NURSING) STATE Md. | COUNTY | 136 CITY OR TOWN Baltimore | | 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | t. 2120 |)5 |
| 14. F. | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NAM | | 220, 0 | OF DIE | , , |
| - | John | MIDDLE | Mon ath | | FIRST | MIDDLE | | LAST | |
| 160. | WAS DECEASED EVER IN U | IS ARMED FORCES? | Monath | ITY NO | Margare Margare | ADDRI | FSS | Hans | son |
| | | YES GIVE WAR OR DATES) | 215-18-19 | | Lou Walston | (son) 2934 | McElde: | rry St. | 21205 |
| | 18 CAUSE OF DEATH (E | nter only one couse per | line for (o), (b), and | IC | | | | | NATE INTERVAL NSET AND DEATH |
| | PART I. DEATH WAS | CAUSED BY: MEDIATE CAUSE (0) | Arterol | | erotic Cardi | ovascular . | Diease | | |
| | IMA | | | | | | | | |
| | Conditions, if ony, wh | | RAS A CONSEQUEN Malnutrit | ion. | dehydration | | | | |
| | gove rise to immedia | ote | | | uoily did cion | | | | |
| | | the DUE TO, O | R AS A CONSEQUEN | ICE OF | | | | | |
| | BART 2 OTHER SICAUSIC | (c) | ONITOIOUTING TO DE | ATL 0117 | NOT RELATED TO THE TERM | | | 1 | |
| Z | PART 2 OTHER SIGNIFIC | LANT CONDITIONS CO | SINTRIBUTING TO DE | AIN BUI | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | NINPARITIO | |
| CERTIFICATION | 19a DATE OF OPERATION | 1 10h COND | ITION FOR WHICH O | DEPATIO | N WAS PERFORMED | 20g AUTOPSY? | TON IE VES | WERE FINDING | CS LISED |
| 5 | 190 DATE OF OPERATION | 178 COND | MONTOR WHICH O | FERALIO | NA WAS FERTONMED | | IN CERTIFY | ING CAUSES | OF DEATH? |
| = | | | AT IN LINEY | | Tal. How buy occupa | YES NO | YES | | NO 🗆 |
| | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE | 110110 4 | M. MONTH DAY | YEAR | 216 HOW INJURY OCCURR | (ED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | IT OR PART 2) | |
| 3 | (IF EITHER, NOTIFY MEDICALE | | M. | 19 | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY REET, FACTORY, OFFICE, FAR | PAR FIC 1 | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| 2 | AT WORK AT WORK | | LEI, TACTORI, OTTICE, TAR | | | | | | |
| | 220.1 certify that (K (this | s hospitol) ottended th | e deceosed iom | July | 10. 19. 85 | 10 July 1 | 9 | 9 85 . 11 | hot (ty/(we) lost |
| | | live on Jul. (did not) view the body | | 85 | nd that in (Ky) (our) opinion o | death accurred on the d | ate and hour | and from the co | ouses stated |
| | 22b. SIGNATURE | CHE-HOLL VIEW THE DOGY | Offer death | | DEGREE | | 0 10 | 22c DATE S | |
| | longo | E I | | | ATTENDING | MEDICAL STA | | 7/1 | 9/85 |
| 1 | 22d PHYSICIAN'S NAME | (TYPE OR PRINT) | | | 22e ADDRESS | DIRECTOR PHYSIC | IAN [] | 1 | |
| | fer sera | laRondel | le. M.D. | | | | | | |
| - | | | | | | land Genera | al Hosp | ital | |
| | BURIAL, CREMATION, REM | | and the second second | | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| | Burial | 7/23/8 | o Park | wood | | Baltim | ore | Md | 1. |

3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

Baltimore Md. 250 DATE RES D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE - www. www. windelos

DHMH - 16 60M 7/B4

form norm. In commendation there

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 189118 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR RECE NO. DECEASED NAME 20. DATE KNOWN YEAR # 26 HOUR (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS William 185 Warburton 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 4. RACE DATE OF BIRTH 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 11A 13 72 YRS Male White 6 20 DEAD 1985 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Colorado U.S.A. WIDOWED DIVORCED Baltimore City B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Proof Reader B & O Baltimore 2629 Haffer Street Railroad ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3ª STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 2629 Hafer Street Maryland Baltimore YES X NO T AND MENTAL HYGIENE, DIVISION GENTAL ATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walburton MIDDLE FIRST Sullivan Betty Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 216-05-0905 Eleanor Hansen 1212 Baker Ave. 21207 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DIRIAL, CREMATION, OR REMOVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (0) CERTIFICATION Chronic obstructive pulmonary disease 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21g EXTERNAL CAUSE WAS 7 lb. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED TH. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COHNTY STATE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural causes Undetermined manner Homicide TITLE (SPECIFY) ACTUAL / Assistant 7/2/85 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Street Bato.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore 7/3/85 Md. Cremation Security Process Cre. Catonsville 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc. 4107 Wilkens Ave. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR Shirley Ann Ward 7/7/85 3:00PM 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Female 11/16/35 Cauc. TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pa. Baltimore City DIVORCED TX WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IZE KIND OF BUSINESS OR INDITION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Sinai Hospital Receptionist Condo SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TO STATE 136 CITY OR TOWN 11a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Balto. Balto. 4113 Kahlston Rd. 21236 M FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Quigley Roof Annabelle Weltv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 213-32-7746 Ouigley Roof, same address No 18 CAUSE OF DEATH Enter only one cause per ling for tot, (b), and ic PART I. DEATH WAS CAUSED BY ar Cuonia 6 Luci IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 1985 saw the deceased alive on. and that in (my) (aur) opinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Schrimunek Funeral Home Tnc. (VRA 15, 4) Delair Road, Balto., Md.

5. KACLINS

23b. DATE

7/10/85

EDWARD

23a. BURIAL, CREMATION, REMOVAL

Cremation

Greenmount Crematory, Balto., Md.

CITY OR TOWN



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

. DE TYPE 3 SEX

14 FA

160 W

CERTIFICATION

MEDICAL

STATE OF MARYLAND

| FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HYG | IENE OF LETTER | 3 8 6 8 |
|---|--|--|---|--|
| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | , 5 0 0 |
| EASED NAME FIRST | WIDDIE | LAST | 20. DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| George | | Washington | 7/18/85 | 12:15I |
| | 4. RACE | 5. DATE OF BIRTH | | UNDER I YEAR IF UNDER 24 HRS |
| Male | Black | 8/17/31 | 53 YRS | DATS POORS MIN. |
| Balt. Md. | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | Balt. City | OF DEATH MD. |
| Salt. City | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE | | 120 USUAL OCCUPATION (IMEGIANDRICED MOST OF WORKING LIFE) | 17b. KIND OF BUSINESS OR INDUSTRY |
| L RESIDENCE (IF NURSING HOME C TATE 136 COU | OR OTHER INSTITUTION GIVE RESIDENCE BEFO INTY 136. CITY OR TO Balt | | 13e STREET ADDRESS / ZIP CODE 2801 Garrison | 2/2/8 n Ave |
| Geoorge | Washingt | on Alice | WE | LAST |
| AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES G | IVE WAR OR DATES! | urity no. 17 INFORMANT 8-8036 Vashti Be | nnett 342 Beam | ont Ave |
| PART I. DEATH WAS CAUS | inty one cause per line for (a), (b), a ED BY: NTE CAUSE (a) | nd (c)) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost | DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) | me has d | aprila | 3mhy |
| PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN | N IN PART 11a |
| 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | | WERE FINDINGS USED |

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR LIFEITHER NOTIFY MEDICAL EXAMINER P.M 21e. PLACE OF INJURY

YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 21f LOCATION

220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an obove, (1) (we) (did) (did not) view the body ofter death

CITY OR TOWN in (my) (our) apinion death occurred on the date and haur and from the couses stated

Mark Gertner

22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

7/18/85 Suite 14

STATE

Sinai Hospital, Hofferberg Building

COUNTY

230 BURIAL, CREMATION, REMOVAL ISPECIF Burial

276 SIGNATURE

Arbutus Memorial

DEGREE

Baltimore County, Md.

24 FUNERAL DIRECTOR

Trvin Carroll

1712-14 W. North

250 DATE REC'D. BY REGISTRAP 256 REGISTRAP'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

7 HE WAS THE RESERVE TO THE PARTY OF THE PAR cvillings 8 5 miles and a second and the state of t

A A CONTRACT
| | STATE OF MARYLAND |
|---|---|
| | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| "porrog" | REGISTRAR (-).1-0) 1 Lett / A 0 CERTIFICATE OF DEATH 8 SAEG. NO. 1 9 0 9 |
| 200433 | 1. DECEASED NAME FIRST MIDDLE 14ST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR |
| with the same | WOODROW W. watchman 7285 Jam |
| ~ Charles Andrews | 3. SEX A RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. |
| hitte. | 1904 10 9 24 1915 69 YRS. |
| 1. 1185 | 76. BIRTHPLACE (CTATE STEIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH |
| THE SE | WIDOWED DIVORCED MD. |
| (1) 11 117 | 10. CILYOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OF EMPLET ADDRESS) 120. USUAL OCCUPATION (IT PEO OF WORKING LIFE) 110. KIND OF BUSINESS OR (INDUSTRY) 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PEO OF WORKING LIFE) 112. USUAL OCCUPATION (IT PEO OF WORKING LIFE) 113. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PEO OF WORKING LIFE) 114. WAS INCLUDED TO THE PROPERTY OF WORKING LIFE) 115. KIND OF BUSINESS OR (IT PEO OF WORKING LIFE) |
| 100 100 | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Machine Shop Bausch & Lomb |
| 11.35 | 130 STATE 136 COUNTY 130 CITY OR TO 130 INSIDE CITY TIMITS? 130 STREET ADDRESS Let WOOD AUP 2120 |
| 7 4 4 | A FATHER'S NAME |
| 1 11510 | George H. Watchman Mary Liddon |
| 1 1917 | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS |
| Mo Pop | (18 NO OR UNKNOWN) (18 YES GIVE WAR OR DATES) 216-07-4804 Beatrice P. Watchman - 4011 Fleetung Ave |
| A Company | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| f. m | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coud to neminatory arrest |
| N S S S S S S S S S S S S S S S S S S S | DUE TO, OR AS ACONSEQUENCE OF |
| ST S | Conditions, if any, which (16) Heute up called wellow |
| A T T T T T T T T T T T T T T T T T T T | gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF |
| S to the K | underlying couse lost. |
| 20 mm bled | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| The right | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH |
| S T TILL | 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? |
| A No state of | |
| N ST STATE OF | OR CONTRIBUTING CONTRACT HOUR A.M. MONTH DAT TEAR |
| SK. | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 |
| OS THE STANDS | LATHOME STREET STATE STATE |
| NA SA PARA | WHILE NOT WHILE AT WORK AT WORK |
| 20 4 13 5 | 22e.1 certify that (1) (this haspital) attended the deceased from |
| C # # 5 | saw the deceased alive an 1 19 19 19 19 19 19 19 19 19 19 19 19 1 |
| 一 単元を主 | 220. SIGNATURE DEGREE 220. DATE SIGNED |
| 12 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | attending MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAND |
| HOSFITA Direct by Prune Ra Sould be Sto PORTANI | 22d PHYSKIAN'S NAME LIVE OR PRINTING A SPRAFF 7903 Brook fool cincle Bikallella |
| 5 5 5 4 1 8 | 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE |
| BP | Burial 7-5-85 Parkwood Cemetery Balto Md Tales Parkwood |
| DHMH - 16 50M 4/82 | 124 FUNERAL DIRECTOR |
| (VRA 15, 4) | John C. Miller Inc-6415 Belätz Rd21206 |

and coins and anion et in en 10000 0 10000 20/ 20 250 Store Il - - the curioce of on- +11 - ect so ve. in a class wastern open no and a last in on . wice as it clair 11. -2138

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corbon paper, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. INPORTANT. If their 21 is marked or frem 18 shows ony injury, or other troumatic event, the tending physicion.

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| A | The |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON St., BALLIM | PHYSICIAN. |
| | D HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be |
| | HOSPITAL |
| | 0 |

ORE, MARYLAND 2120

| 2 | 0 5 | s te |
|---|-----------------------|-------------------------|
| 2 | HOSPITAL OF ATTENDING | FUNERAL DIRECTOR: After |
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DHMH - 16 60M 7/84 (VRA 15, 4)

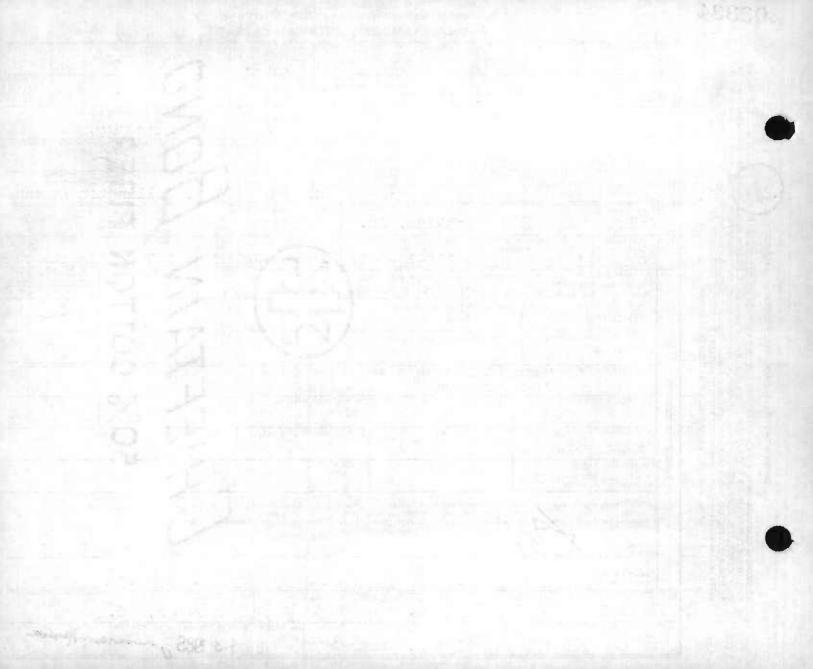
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 4G. NO. | 19370 |
|---|---|---|---|---|--|
| | I. DECEASED NAME FIRST (TYPE OR PRINT) GLADYS | VIRGINIA | WATKINS | JULY 19, 198 | |
| | FEMALE - | 4 RACE WHITE | 5. DATE OF BIRTH JULY 31, 041 1923 Z | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| 1 | BIRTHPLACE (STATE OF FOREIGN COUNTRY) CONNECTICUT | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | BALTIMORE CITY OR COU | |
| 1 | BALTIMORE A | UNIVERSITY H | OSPITAL | USUAL OCCUPATION (TYPE OF WORK FOR MOST P) WORKIN WIREMAN | 126 KIND OF BUSINESS OR INDUSTRY WESTINGHOUSE |
| 3 | 14 FATHER'S NAME FIRST | A. III GLEN BU | JRNIE YES NO X | MIOOLE | D 21061 |
| 5 | GEORGE 160 WAS DECEASED FOR IN U.S. AR (YES, NO OR UNKNOWN) 18 YES GIV | 4 4 7 | | ADDRESS 81 | BUCKOKE L6 GREENBRIAR DR. |
| | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), a | ueled-lespiratory uence of Artery Disea | Arvet | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 2 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINES 216 INJURY OCCURRED AT WORK AT WORK | 21b. Time of Injury HOUR A.M. MONTH (P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | DAY YEAR 19 211 LOCATION STREET | INCE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| | 270 I certify that (this hosp saw the deceased alive on above, (I) we (did) (did no 27% (I) ATURE) | at view the body often deoth. | Carl | 1 0 11 | . mor (ir (we) tost |
| | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | | NAME OF CEMETERY OF CREMATORY MEADOWRIDGE MEM. PA | | COUNTY STATE HOWARD MD. |
| | 24 FUNERAL DIRECTOR NAME STNGLETON FINERA | I HOME CLEN BUR | NIE MD 21061 | TE RECID. BY REGISTRAR 256 REC | SISTRAR'S SIGNANDE LA DE |

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| 000001 | 1 | | | | | | | ARYLAND | | | | | | |
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| 203334 | 11- | FOR STATE | | | | MENT OF H | | | | | | | | |
| | | REGISTRAR | | MEI | DICAL | EXAMINE | R'S C | ERTIFIC. | ATE OF D | | REG. NO | | 8 / | |
| | | CEASED NAME | FIRST | | WIDDIE | | | LAST | K C | 20 DATE | KNOWN X | MONTH | DAY YEAR | 2) HOUR |
| Mark WH | (11) | PE OR PRINT) | Otis | | | | Wa | tkins | , Jr. | QF. | MATED | 7 | 919 85 | _ AA |
| ACES | 3 SE | (| 4 RACE | 5 DATE OF BIRTH | | 6. AGE (IN YEAR | s IF UN | | F UNDER 24 H | | | MONTH | DAY YEAR | 24 HOUR |
| 2728.° | Ma | ale | Black | 9 21 | 32 | 52 YRS | | S DAYS | HOURS MIN | PRONOUN DE AD | ICED | 7 | 9 19 85 | 10:23 |
| A RELEASE | 7a. B | IRTHPLACE (5) | ATE OR . | 76 CITIZEN OF WE | AT COUN | VTRY? | AAA DOIG | D NEVE | R MARRIED X | 9 BALTIM | ORE CITY O | R COUNTY | | |
| SAN | 0 | PREIGH COUNTRY) | | USA | | | WIDOWI | ED 🗆 | DIVORCED | □ Bal | ltimore | | | MD. |
| SERVE OF STREET | 10 C | ITY OR TOWN | OF DEATH | 11. NAME OF HOS | PITAL, NU | IRSING HOME, | OR OTHE | R INSTITUTI | ON 12a. | FOR MOST OF WOR | | OF WORK 12 | b. KIND OF BU OR INDUST | SINESS |
| SO A HOO | 0 | Baltim | | 907 N | . Col | llingtor | | enue | | | | | | |
| (= 0 × 0 × 0 × 0 | | TATE | IF IN NURSING HOME | OR OTHER INSTITUTION GO | | | | 13d. INSIDE CITY | / HMITS2 113. | STREET ADDRE | 55 | | 212 | 05 |
| 1 43 EDE | 5 | Md. | | | Ва | ito. | | YES X | NO 🗆 | 907 N. | Coll | lingt | on Av | enue |
| V-1-13 | 14. F | ATHER'S NAME | | MIDDLE | July 1 | 1467 | 1 | | 'S MAIDEN N | AME | IDDLE | | LAST | |
| A PRESE | 0 | Otis | | W | atki | ns, Si | · . | Lil | lian | M | iDUCE | Rose | , LASI | |
| M WASA | 16a | WAS DECEASED | EVER IN U.S. AR | | 16b. S O | CIAL SECURITY | NO. | 17. INFORMA | ANT | | ADDRESS | | | |
| ALTA ALTA ALTA ALTA ALTA ALTA ALTA ALTA | | NO OR UNKNO | WN) (IF YES, GIVE | WAR OR DATES) | 230 | 36-03 | 375 | Joan | na Jo | hnson | 907 | Coll | ingto | n Ave |
| WIT WITH | | 18 CAUSE OF | DEATH (Enter or | nly one couse per line | for (o), (b |), and (c).) | | | | | | | APPROXIMATE BETWEEN ONSE | INTERVAL |
| A CHANGE A | - | PARTIDE. | ATH WAS CAUSE | TE CAUSE (a) C | irrho | osis of | the | liver | | | 56.0 | | • | A TO OCALIT |
| PRESTON ST ITHIN 24 HO CIL IN ITEM 1 VER ALCING ANSIT PERM AL HYGEBAE REMOVAL | | | | | AS A CO | NSEQUENCE O | F | | | | 9.0 | 1 | | |
| MEN | 32 | | s, if any, which | | | | | | | | | | | |
| | | couse (o) | stating the under | | AS A CON | NSEQUENCE O | F | | | | | 100 | | |
| KECUTED VIG. 1N PEI VIG. 1N VIG. 1 | | lying caus | se last. | (c) | | | | | | | | | | |
| EXECUTING TO BE A BURIL HAND | | PART 2 OTHER SIG | NIFICANI CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT REL | ATEO TO THE TERMIN | AL DISEASE | OR CONDITION (| GIVEN IN PART 1 de | 14. | | | | |
| ECORDS, 201 DE EXECUTE ENDING: IN MEDICAL EXA AS A BURIAL SALTH AND M CREMATION, | N N | 100 | Ca | arcinomato | sis | | | | | | | | | |
| PER A | 7 | 190 DATE OF | OPERATION | 196 CONDIT | ION FOR | WHICH OPERA | TION W | AS PERFORM | ED? | | | No. | 20 AUTOPSY | , |
| SHOULD SHOULD ORD "PE CHIEF A CHIEF A LUCK HEU URIAL, URIAL, URIAL, CHIMAL, CH | 1 E | 3.00 | | | | | | | | | | an. | YES 🗆 | NO [X |
| DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PENEDED TO THE CHIEF MEDICAL EXAMILE BE SHOULD BE USED AS A BURIAL - THE EDEPARTMENT OF HEALTH AND MENTION; OR PRIOR TO BURIAL, CREMATION, OR | CERTIFICATION | | L CAUSE WAS | 216 TIME OF | | | 21c HC | W INJURY C | CCURRED (E | NTER NATURE OF IN | URY IN ITEM 18 P. | ART 1 OR PART | | |
| NO THE OUT A | 2 3 | UNDERLYING | OR IG CAUSE OF | DEATH P.M | | DAY YEAR | | | | | | | | |
| ISIGN TISIC | MEDICAL | 21d INJURY O | | 21e PLACE C | OF INJURY | I AT HOME, | | ATION | | | | 10.7 | | |
| DIN THIS C WARDI WARDI PAGE: TATE D | × | WHILE AT WORK | NOT WHILE [| STREET, FACT | ORY, FARM, E | ETC.) | 51 | REET | | CITY OR TO | WN | COUN | TY | STATE |
| | | | | (| | | | | | 1 | X) and | | | |
| A H P B B B B B B B B B B B B B B B B B B | | | | ge of the remoins des | | | Autops | | Inspection L | | | in my opin | ion | |
| EXAMI CERTIFICOLD BE DIRECT WITH | | , death resulte | d fram: Natu | ol causes XX | Accident | L., Suic | ide 🔲, | Hamicid | | ndetermined mo | nner, | | | |
| CAL EXA THE CER SHOULD BEAL DIR SATH, WI | | ACTUAL | X | 11 | | | | TITLE (SPE ASSIS | Lant | | | DATE | 7/9/8 | 5 |
| SE STAN | 2 | SIGNATURE_ | | | | | M. | Masta | tarit | MEDICAL EXAM | VINER | SIGNED. | 11310 | 3 |
| AED WEED WEED WEED WEED WEED WEED WEED W | 4 | EXAMINER'S I | NAME | Gregory R | Kai | iffman. | M D | | 111 Pa | enn St. | Balto | O MD | | |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHATMORE, MARYLAND, | 73a B | | ION, REMOVAL | | | NAME OF CEM | | | | d LOCATION | 20110 | t II | | |
| | (| Burial | | 7/15/85 | | It. Zio | | | 23 | Lands | lown. | Md. | ST | ATE |
| 07/84 BP | 24 F | UNERAL DIREC | | | | | | | a. DATE REC'I | D. BY REGISTRA | | | | CMA |
| DHMH - 17 (VR A15 ME (5)) | | NAME TATTO C N | March F | /LJ ADDRESS | 101 | E. No | rth. | Section 1 | 1111 | 12 198 | | سيساط | | اعقل |
| (AK WID ME (D)) | | AATH C L | dar CII F | / I T | TOT | E. MOI | CII | TAVE | JUL | TOR | NA | | | |



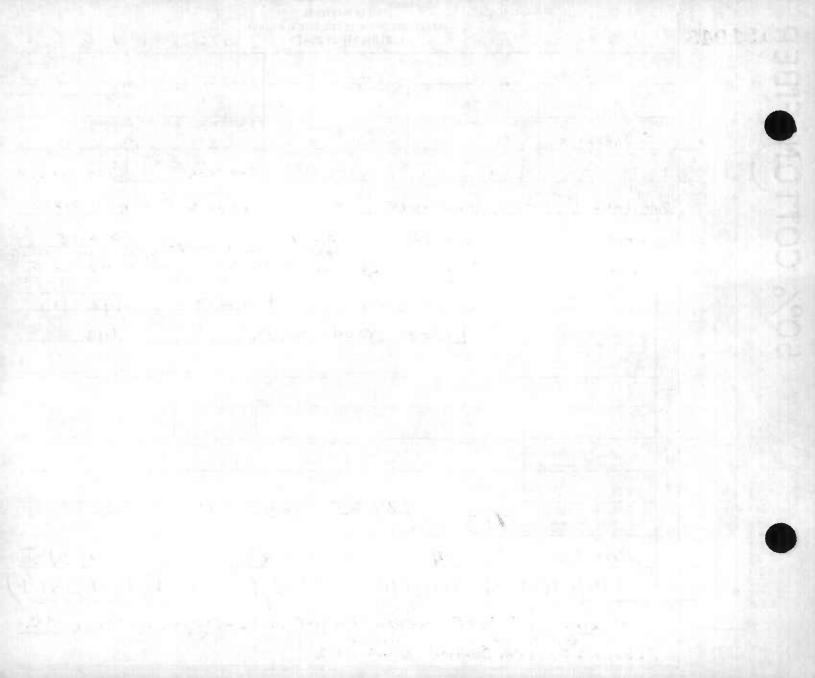
| | 1 | | | STAT | E OF MARYLAND | | | |
|---|---------------|---|--|-------------------|----------------------------|--|---|---|
| 100001 | 1. | FOR STATE | HITA M 4/ DE | 5 N N | EALTH AND MENTAL | HYGIENE | 2 /7 | 3 7 0 |
| 190031 | | REGISTRAR | 49151 833 | CERTIF | ICATE OF DEATH | A REG. NO |). I Y | 0/2 |
| | | GEASED NAME FIRST, | WIDDIE . WIDDIE | L | AST | 1 1 | MONTH DAY | YEAR 26 HOUR |
| 17 3 | ,,,,, | VIRG | -INIA M | W | ATSON | VMay8 | 07 02 | 85 3 PM |
| 1 2 20 | 3. SE | X | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UN | DER TYEAR IF UNDER 24 HRS |
| ge 4 | | 1. K. T. Y C. | W | OG MONTH | 14 02 | - 83 | YRS. | HS DAYS HOURS MIN. |
| Pour Pour | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COU | NTRY? 8. | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF | DEATH |
| nero in 72 | | ENNSYLVANIA | USA | WIDOWE | | 1 BALT | TIMOR | E CITY MD. |
| The factor of th | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, I | | ROTHER INSTITUTION | 126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O | | No. KIND OF BUSINESS OR |
| S of the solution of the solut | 181 | RTIMORE | | SAMAR | ITAN HOSA | | | RETAIL STORE |
| 212 | USU | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | OR OTHER INSTITUTION GIVE RESIDEN | | 136. INSIDE CITY LIMITS | 5? 13e. STREET ADDRESS | | 21131 |
| NND 2 | | | | ENIX | YES NO | 5 COUN | TRY | CLUB LANE |
| NRYLA within within within | 14 FA | THER'S NAME | AIDDIE L | AST | 15 MOTHER'S MAIDEN | | | LAST |
| MAI de de MAI | | ERVIN | WATSON | | 7 (6.5) | AURA Co | OK | 1001 |
| PRE, decout | | VAS DECEASED EVER IN U.S. A | RMED FORCES? 16b SOCIA | L SECURITY NO. | V INFORMANT | ADDRE | SS | 21131 |
| IMO non | 1 | No | - 163 | -01-4369 | Mrs. Chira | Koelle-5 | Countr | y Club Lane |
| ALIT SICIO Persone | | 18 CAUSE OF DEATH Enter o | only one couse per line for (a), | (b), and (c).) | | 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| physicon physicon physicon physicon proposed provent, | | PART I. DEATH WAS CAUS | ED BY: ATE CAUSE (0) META | STATIC | CARCINOM | A OF BR | EAST | |
| or re | | | DUE TO, OR AS A COM | NSEQUENCE OF | | | | |
| deoti oote o tion, | | Conditions, if ony, which | (b) | | | | | |
| The of the certification of th | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A COM | SEQUENCE OF | | | | |
| thot thot d by eose ol, cr | | underlying couse lost. | (c) | | | TAY COMPANY | | |
| 22 es pl | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTIN | G TO DEATH BUT | NOT RELATED TO THE T | TERMINAL DISEASE OR CON | DITION GIVEN II | V PART 110 |
| RDS, require r | CERTIFICATION | COLUMN TO A STATE OF THE PARTY | | | | | | |
| low reference or special control of the control of | 18 | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20e AUTOPSY? | 20b. IF YES, WE | RE FINDINGS USED G CAUSES OF DEATH? |
| P o o o o o | E | | | | | YES NO | YES | NO [|
| OF VITA physicia phys | 3 | 210. ACCIDENT WAS UNDERLYING | | TH DAY YEAR | 21c. HOW INJURY OC | CURRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I | OR PART 2) |
| ON OF IYSICIA ding pl s certif buriol-t Mentol | Z S | OR CONTRIBUTING CAUSE OF DE | SAIN . | 19 | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY {AT HOME, STREET, FACTORY. | OFFICE SAPA ETC.) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY STATE |
| IVISIG | 2 | WHILE NOT WHILE AT WORK | TAL HOME, SINEEL, PACTORY. | OFFICE, FARM ETC | | / | | |
| O O O E | | 22a. I certify that (I) (this hosp | | from .7 | 185,13 | , to | 2 | , that (1) (we) lost |
| ATTEN ospitol ECTOR: d for us it. of He m 21 is | | sow the deceosed olive o obove, (I) (we) (did) (did n | n 7 / 2 ot) view the body ofter death | _19_85, or | nd that in (my) (our) opin | nion deoth occurred on the do | te and hour one | from the couses stated |
| 8 E 8 0 0 0 | | 226. SIGNATURE | 1/ 0 | | DEGREE | | | 22c. DATE SIGNED |
| th th th th Tr. H | | Kamsa | 1 Kula | - | M. D. ATTENDIN | MEDICAL STAF | | |
| HOSPITAL med by the FUNERAL uld be det on the State ORTANT. | 1 | 22d. PHYSICIAN'S NAME (TYPE | | | 22e. ADDRESS | | 4 4 | LIOS AM |
| - 0 - 0 - 0 | | RAMSA | KURE | SAN | 40 GO | OD SAMAR | - (TAN | HOSPITAL |
| 5 5 5 8 8 8 | | SURIAL, CREMATION, REMOVA | | 23c. NAME OF C | EMETERY OR CREMATO | ORY 23d LOCATION | | UNIY STATE |
| BP | | CREMATION | 1 7-4-85 | GREE | NMOUNT | BALTO | 1 100 | OINTE STATE |
| DHMH - 16 50M 4/82 | 24 F | NERAL DIRECTOR | \ A5 | DRESS A | 250 | DATE REC'D. BY REGISTRAR | 256 REGISTRAR | SSIGNATURE |
| (VRA 15, 4) | 17 | tastle Hills | ~ 7527 F | tarford | Ital. | JUL 05 1985 | T. C. | |

A REST OF THE PARTY OF THE PART PENGRAPHA USA STATE COX BAY INVOLUE CODE SAMAKTERS HOSPING CLERK THEN STOLE STATE OF STA ERVIN WATSUN LAUNA COOK No - 157-6 - My David Hoodle - 5 Courty Children CREMETON T-4-85 GREENMOUNT DANTEMED father Milly - 7527 Harland Harl

| 214028 | | | | STATE OF MARYLAND | | |
|---|---------------|--|--------------------------------------|--|--|---|
| | 1.4 | FOR STATE | DEPA | RTMENT OF HEALTH AND MENTAL H | YGIENE | 0 0 7 7 |
| | 1 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 9010 |
| 1/ | | CEASED NAME FIRST | MIDDLE | LAST | 18 DATE OF BEATT | DAY YEAR 26 HOUR |
| 3 75 | (1116 | KENA | IETH Darrell | WATTS | 7 2 | 16 85 10.15 M |
| o L | 3. SE | | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 10 | | MALE | white | MONTH DAY YEAR 23 | 62 YRS. | MONTHS DAYS HOURS MIN. |
| Pog 10 | To. BI | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTE | 272 8 | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| # ER T | | COUNTRY | U.S.A | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore C | itv |
| 9 1 | ₩. C | TY OR TOWN OF DEATH | | SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| - 6 F | 5 | BAITINOEE | SOUTH BACTITY | | P. maintenance | BWI airport |
| | 150 | AL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION GIVE RESIDENCE BE | | , maintenance | Det allport |
| 4 1 | 13a S | TATE 13 COL | NTY I3c. CITY OR TO | OWN 134 INSIDE CITY LIMITS? | | 4.16 2122 |
| S can S s | 14.57 | THER'S NAME | A. Brook | YES NO K | 418 SEWARD | AUE .21225 |
| d d d d | 7" | FIRST | MIDDLE IAST | #1RST | MIDDLE | LAST |
| To be me de de | / | KOLAND M | LATH WAT | TS INARIA | VIEGAVIN | MERCHANI |
| dico de con | | | RMED FORCES? 166 SOCIAL SI | 4358 Olive Y. | | 130) |
| S. Po | | no | XIS IH | 4338 Office 1. | watts (same as | |
| system system oper vol. ft, th | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per line for (a), (b) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Triffic on posens erno even | | | TE CAUSE (D) CARD | 10-PULHONARY | ARREST | |
| ding dring | 1 | STATE OF STREET | DUE TO, OR AS A CONSE | OLIENCE OF | | |
| deatl attention of the traumer | 100 | Conditions, if ony, which | (b) SQUA | your CELL CAR | CINOMA OF LUNG | |
| he o he o emo | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE | | | |
| W. by the see of the other | - | underlying couse lost. | DOE TO, OK AS A COINSE | SOLINCE OF | | |
| 201 es ti | - 1 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | O DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION GIV | EN IN PART 1(a |
| RDS, required to be to be related to be rela | Z | | | Month and the Property of the Control of the Contro | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician and completely filled as the burial-transit permit. Then please remove carbon papers. Pages, and 2 show the and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examment. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION WAS PERFORMED | | , WERE FINDINGS USED |
| he lor has l he lows o ows o | 띹 | | | | | YING CAUSES OF DEATH? |
| VITA N: Th ysicio cate to ansit Hygie 18 sho | ERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCC | URRED (ENTER NATURE OF INJURY IN ITEM IB F | 0 |
| SICIAN: ng physical certification of the certificat | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| IYSICI ding I ding I s cert burial Mente | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 211 LOCATION | | |
| S PHY stends the burner this ond M wed or we | WE | WHILE IT NOT WHILE IT | (AT HOME, STREET, FACTORY, OFFI | CE, FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| DIVIS P or otter t as the e as the olth and marked | 7 | AT WORK AT WORK | | 1120 | - 7176 | |
| END olo OR Heo | | 22a. certify that (I) (this hasp saw the deceased alive a | oital) attended the deceased from | 8 - 1 | on death accurred on the date and hou | 19_35, that (I) (we) lost |
| ATT ATT Of the o | | obove, (I) (we) (did) (did n | at) view the body after death. | | on death accorred on the date and hou | |
| IAI OR A y the hoss Ral DIREC detoched oute Dept | | 22h SIGNATURE | | DEGREE ATTENDING | MEDICAL STAFF | 224 DATE SIGNED |
| TAL Y th y th det det det fore | | 10.10 as a | > | PHYSICIAN | DIRECTOR PHYSICIAN | 1/26/85 |
| HOSPI ined b FUNE wild be | | 224 PHYSICIAN'S NAME (TYPE | | 22e. ADDRESS | ONTING OF CO. | 1011 1100- |
| TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If | | 10 1188 IM | BAURO | Doulh B | PACTIMORE GEN | ERAL HOSPIIN |
| F o F 2 3 ₹ | | BURIAL, CREMATION, REMOVA | | 34 NAME OF CEMETERY OR CREMATOR | Y 23d LOCATION | COUNTY STATE |
| BP | | burial | 7/30/85 | Cedar Hill Cemetery | | A.A. Md. |
| DHMH - 16 50M 4/83 | 24 F | JNERAL DIRECTOR | | | ATE REC'D, BY REGISTRAR 755 REGIST | |
| (VRA 15, 4) | G | eorge Gonce | 4001 Ritch Baltimore N | id. 21225 | 10[01 1900 | To His Date Town |

marked the state of the state of

(VRA 15, 4)



150040

STATE OF MARYLAND

| 1 | FOR | | | DEPARTI | MENT OF H | EALTH AND MENTAL HY | GIENE | | | |
|--|---|--------------|-------------------|---------------------------------------|-------------|-------------------------------|------------------------------|------------------|----------------------|---------------------------------------|
| 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 RE | NO. | 19 | 3 7 5 |
| | CEASED NAME | FIRST | 8 to 10 10 | WIDDLE | l l | A5T | 20. DATE OF DEAT | Н монтн | DAY YEAR | 26. HOUR |
| (TYPE | OR PRINT) DON | ATD | DAVI | D WEA | VER | | - 17 NO. | 07-1 | 0-85 | 3:14pm |
| 3. SE) | | ALID | 4. RACE | , , , , , | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAS | | IF UNDER TYEAR | |
| ga . | MALE | 500 | lo | HITE | MONTH 2 | 13 1953 | 32 | 2 YRS | MONTHS DATS | HOURS MIN. |
| | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9. BALTIMORE CIT BALTIMOR | | | |
| | ryland | | U.S.F | ١. | WIDOWE | | DALITION | E CITI | | MD |
| | TY OR TOWN OF DEA | | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a. USUAL OCCUI | | | OF BUSINESS OR |
| BA | LTIMORE CI | TI | | nes Hosp | | | Retail N | | | |
| 130 5 | AL RESIDENCE (# NURS | NO COUN | OTHER INSTITUTION | | ADMISSION) | 113d INSIDE CITY LIMITS? | 13e STREET ADDRE | | | |
| | ryland | V | imore | Dundalk | 14 | YES NO X | 1723 Bay | | | 21222 |
| - | THER'S NAME | | | | 100 EV | 15. MOTHER'S MAIDEN NA | AME | | | |
| Do | nald | , | R. | Weave: | r | Betty | M . | | | AST ODD |
| | VAS DECEASED EVER | IN U.S. AR | | 166 SOCIAL SECU | | 17 INFORMANT | | DDRESS | 10 | ,pp |
| No | ES. NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 218-60- | 3/60 | Betty M. We | 21108 | C. | 2mo 2g 1 | 20 |
| 140 | | 11.5 | | | | Decty M. We | aver | 50 | ame as 1 | DXIMATE INTERVAL N ONSET AND DEATH |
| | 18. CAUSE OF DEATH PART I. DEATH W | 'AS CAUSEI | D 8Y: | CAR d | in a | assat | | | | 1 |
| | | IMMEDIAT | E CAUSE (a) | rana | ac | unava. | | | | 40 mins |
| н | | 234 | DUE TO, O | R AS A CONSEQUI | ENCE OF | 20 2 02.0 | A - | | - A | |
| Canditians, if any, which gave rise to immediate | | | | | | | | | | |
| | cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | | | (c) | | | | | | | |
| z | PART 2. OTHER SIGN | VIFICANTO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | | ONDITION | GIVEN IN PART 1 | la. |
| MEDICAL CERTIFICATION | Susu | line | defilia | cent & | rave | N WAS PERFORMED | | 201 15 | YES, WERE FIND | NAIGE LISED |
| FICA | 19a DATE OF OPERAT | IION | IVE COND | II ION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | INCER | RTIFYING CAUSE | ES OF DEATH? |
| RT | | | 2 411 71115 6 | T IN COLUMN | | Tar many military account | YES NO | | YES 🗌 | NO 🗌 |
| 0 | OR CONTRIBUTING | | 1 | M. MONTH D. | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN ITEM T | IS PART I OR PART 2) | |
| CA | (IF EITHER, NOTIFY MEDIC | CAL EXAMINER |) P. | M | 19 | 1100000 | | | | |
| WED | 21d. INJURY OCCURE | | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY | OR TOWN | COUNTY | STATE |
| | AT WORK AT WOL | RK | | | | | | | | |
| Н | 22a I certify that (1) | | | | 7. | | 5.10 7 | -10- | | , that (1) (we) last |
| | saw the decease above, (1) (we) | ed alive an | t) view the bady | after death. | er, ar | nd that in (my) (our) apinian | death occurred an t | ne date and h | naur and fram the | e causes stated |
| | 226. SIGNATURE DEGREE | | | | | | | | | ESIGNED |
| | 181 | rout | Klaw | 91 | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | | 17 | 10 85 |
| | 22d. PHYSICIAN'S NA | AME (TYPE O | - 0 | | | 22e ADDRESS | T. AGINES | = 42 | DSPITAL | 2 |
| | SHA | ITM | RAM | NESH | | 900 CATO | N AVE, | BAL | TIMOR | E 2122 |
| | URIAL, CREMATION, | REMOVAL | 23b. DATE | 230 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 761 | COUNTY | STATE |
| | rial | | 7/13/ | 1985 | Oak La | awn Cemetery | Baltimo | | | Maryland |
| 24. FL | INERAL DIRECTOR D |)uda-E | | | | | TE REC'D. BY REGIST | RAR 256 REG | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

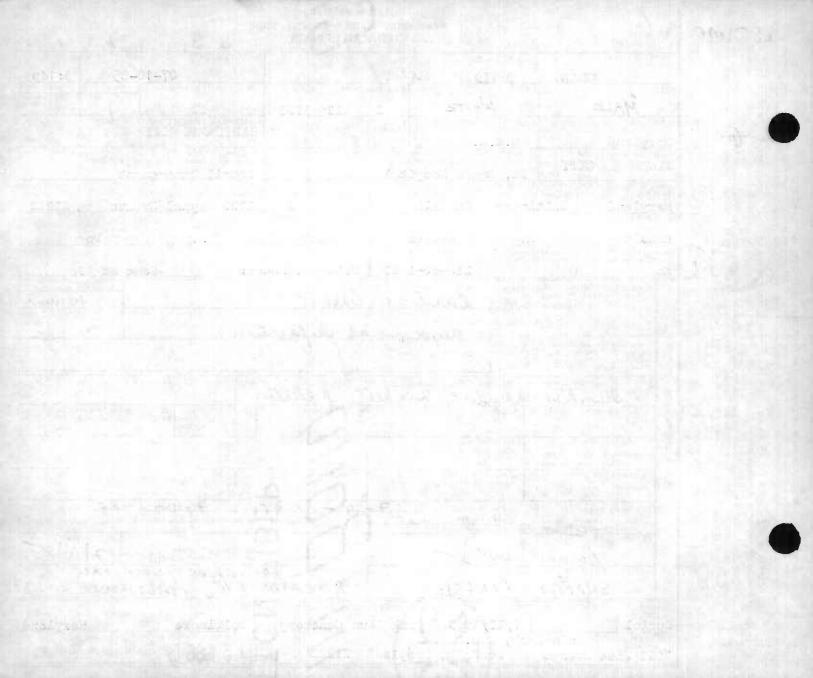
TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshald be detached for use as the burial-transit permit. Then please remaye as with the State Dept, of Realth and Mental Hygiene prior to burial, cremation,

MPORTANT: If hem 21 is

7922 Wise Avenue

Dundalk, Maryland

21222



| | _ | 029 | 1. | | FOR |
|----|---|-----|-----|---|-----|
| 24 | Q | 029 | -11 | _ | STA |

14. FATHER'S NAME

death

STATE OF MARYLAND

| FOR STATE REGISTRAR | DEPARTA | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENE B REG. NO. | 9 8 | 10 |
|---|--|---|---|-----------------|-----------------|
| I. DECEASED NAME FIRST (TYPE OR PRINT) Marian | S. We | aver | July 28, 1985 | DAY YEAR | 2b. HOUR |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Female | Black | 5 12 15 | 70 YRS. | MONTHS DAYS | HOURS MIN |
| 78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY <u>OR</u> COUNT Baltimore Cit | | N |
| Baltimore | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2922 Windsc | IG HOME OR OTHER INSTITUTION ADDRESS) P Avenue | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 126 KIND O | F BUSINESS O |
| USUAL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNTY 134 CITY OR TOW BALTIMO | ADMISSION) N 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP COD | eve. 21 | .216 |

| Jöhn | Sp: | riggs " | Sarah | | WIDDLE | 1 | ASI |
|---|---|---|------------|--------|-----------------|-----------------|---------------------------------------|
| | | 166. SOCIAL SECURITY NO. 219-01-8543 | Marilyn V | Weaver | ADDRESS 2922 | Windsor | Avenue |
| PART I. DEATH W | H (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (a) | line for (0), (b), and (c).) Metastate | bladder co | ance | | APPRO BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| Conditions, if any, gove rise to imm couse (a), statin underlying couse | which (b) | R AS A CONSEQUENCE OF | | | | | · // - |

15. MOTHER'S MAIDEN NAME

CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

sow the deceased alive on in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body 22b. SIGNATURE

| 110000 | 0 | VX + | PHY | SICIAN | DIRECTOR PH | IYSICIAN. |
|---------------------------------------|-------|------|-------------|--------|-------------|-----------|
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) | | 0 // | 77e ADDRESS | | | |
| MATTILL RI | 101.4 | CV | Cal | N. | works | STREET |

Arbutus mem. Pk.

| | | MATTHEN | R | worth | 601 | N. | worke | STREET |
|---|--------|--------------------------|-----------|---------|----------------------|---------|--------------|--------|
| 1 | 23a. B | URIAL CREMATION, REMOVAL | 23b. DATE | 23c NAA | AE OF CEMETERY OR CR | EMATORY | 234 LOCATION | |

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

and Mental Hygiene prior

18 sha

morked ar Item

MPORTANT: If Item 21 is

should be detached with the State Dept.

(VRA 15, 4)

Wm C March F/H

8/2/85

1101 E. North Ave

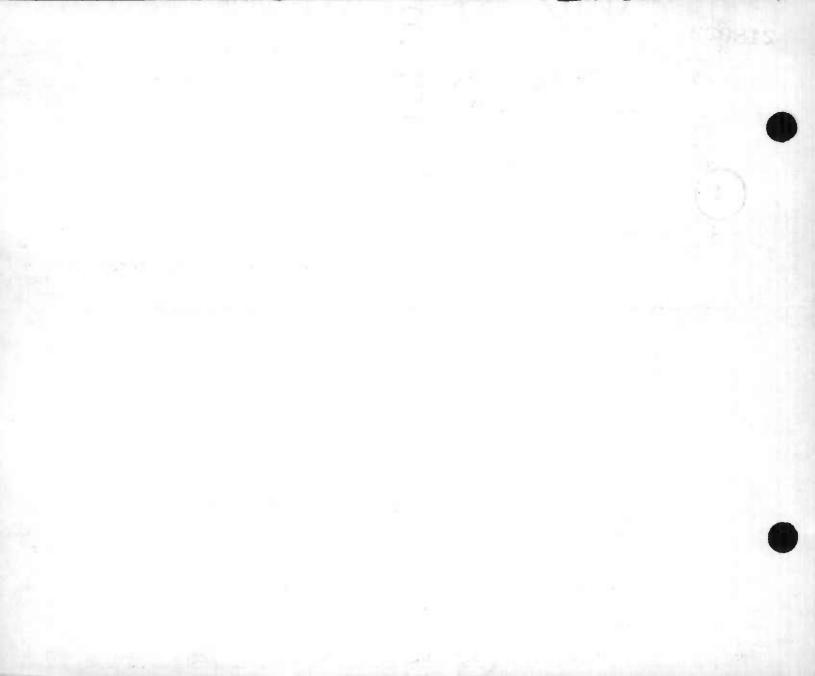
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AUG 2

Baltimore

MEDICAL

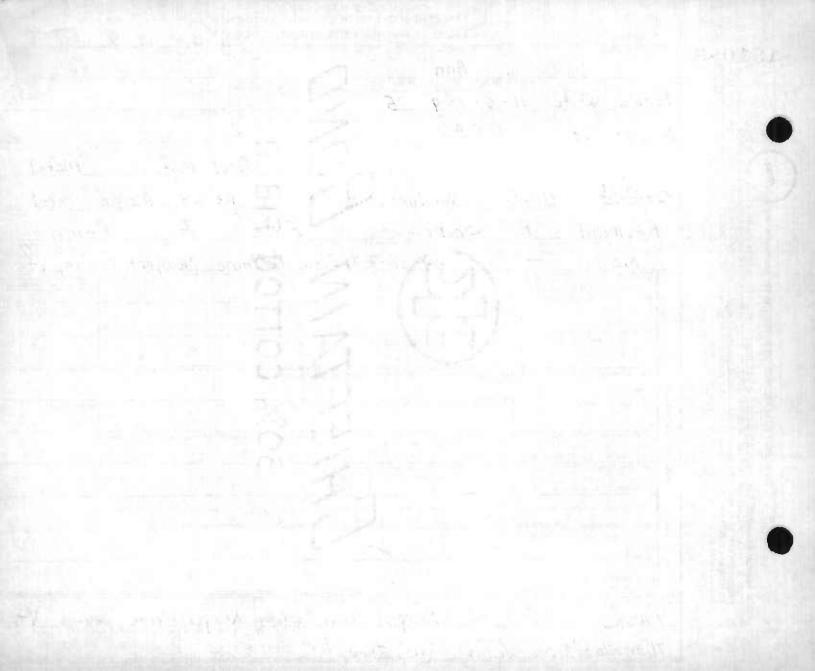
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COUNTY



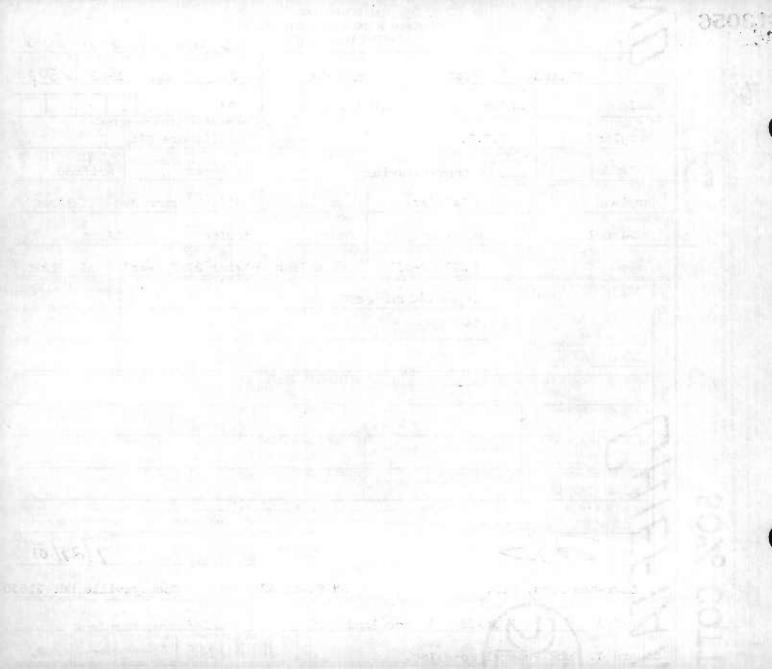
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH IN REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME ESTI-DEATH MATED Linda Ann Webb 29 19 85 6 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 4:10A DEAD 1985 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED Baltimore Mote University Hospital 13d. INSIDE CITY LIMITS? 13e STREET ADDRES LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of liver & Inferior venae cavae DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR 29 19 85 Passenger in auto/parked auto impact CONTRIBUTING CAUSE OF DEATH 1:2500 6 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Southall & Tiverton Rds. Balto., MD. EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR PA AFTER DEATH, WITH HESTI BALTIMORE, MARINALOR Inspection X 220 I certify that I took charge of the remains described above, held on death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL MD Acting ChiefeDICAL EXAMINER 6/29/85 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) **ADDRESS** LEBURIAL CREMATION, REMOVAL 23b DATE 23d LOCATION 25A4 H FUNERAL DIRECTOR **DHMH - 17** VR A15 MP (5))

STATE OF MARYLAND



(VRA 15, 4)

Leonard J. Ruck Funeral Home, Inc.



| 20 | 03369 | | FOR | | C | EPARTA | STATE SENT OF H | | ARYLAI AND M | | YGIENE | | | | | | |
|--------------------------------|--|---------------|--------------------------------|--------------------|---|----------------|-------------------------------------|-----------|-----------------|-----------------------|-------------|-------------------------------------|--------------|---------------|----------|-----------------------------|-----------------------|
| Port | 30000 | | STATE REGISTRAR | | MED | | XAMINE | R'S C | ERTIFI | CATE O | FDEA | | REG. N | | 8 | 7 | 9 |
| | | | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | | | AST | | 2 | DATE KI | F211- | MONIH | DAY | YEAR | 26 HOU |
| 1 | LES. LES. LET, | 2 051 | 1. | RACE | | NDREW | 105 | | LAND | | | DEATH A | MATED [| 7 MONTH | 13 | 9 85 YEAR | 1 |
| if | RECTED IN PIE | 3 SEX | M | W | 5. DATE OF BIRTH MONTH DAY | YEAR | LAST BIRTHDAY | MONTH | | HOURS 2 | | C. DATE | ED | HINDM | | | 2d HOU |
| 1' | YOU YOU | 1. 01 | RTHPLACE (STA | | May 31, | | 79 YRS | | | | | BALTIMO | DE CITY (| 7 OB COUNT | | 19 85 | 4:0 |
| 0 | NECESSARY, PIEAR FUNERAL DIRECTOR. 5 FOR YOUR FILES. NITHIN TO STREET, PRESTON STREET, | FO | Md. | | US | A | | WIDOWI | D 🗆 | VER MARRIE DIVORCE | | Balt | i.more | - City | 7 | | M |
| | PAGE PAGE FILED | | ryortowno Baltimor | | II. NAME OF HOSE (IF NOT IN SUCH FACE Street - | HITY, GIVE STR | EET ADDRESS) | | | | FOR MO | AL OCCUPA OST OF WORKIN Verti | NG HEET | E OF WORK | OR | D OF BU INDUSTR ISPap | RY |
| BALTIMORE, MD. 21201 | F ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 SHOULD BE FILED RECORDS 201 W | USUA | | | OR OTHER INSTITUTION, GIV | E RESIDENCE B | EFORE ADMISSION OR TOWN IMORE |) | | CITY FIWILES. | | et address 04 Med | ford | Road | 2 | 1218 | 3 |
| 9 | Z 0 0 Z | 14. F/ | THER'S NAME | | | | | | | ER'S MAIDEN | | | | | | | |
| RE, A | FL853 | 10 | Ott | o Weila | and | L | \ST | | 1 | FIRST | anny | Farre | 11 | | į. | AST | |
| MO | FTER DE FORM SES 1 AT | | VAS DECEASED | EVER IN U.S. AR | MED FORCES? WAR OR DATES) | 16b. SOCI | AL SECURITY | | 17. INFOR | | | | ADDRESS | | | | |
| ALT | AFTER SOINE PAGES PAGES INVISION | | No | - | | 213 | 03 226: | 3 | Mrs. | Thelma | a L. | Weila | ind : | 1504 | Medf | ord | Rd. |
| 2 | E, DI | | 18 CAUSE OF | | ly ane couse per line | | | | | MATTE | | | 17/2 | 00 | SETW | ROXIMATE EEN ONSET | INTERVAL AND DEATH |
| PRESTONS | SIEN VAL. | | | IMMEDIA" | TE CAUSE (a) AL | | | i.c c | cardi | ovascu | ılar | disea: | se | | | | 1112 |
| REST | ITHIN 24 CILIN TE VER ALON ANSIN E AL HYGIE REMOVA | | Canditions | , if any, which | | AS A CONS | EQUENCE OF | | | | | | | | 1-2 | | |
| , P | MINE MINE TRAN OR RE | | gove rise | to immediate | (b) | AS A CONS | EQUENCE OF | | | | | | | | - | | |
| 201 V | XECUTED WITH JG" IN PENCIL SAL EXAMINER BURIAL - TRAN BURIAL - TRAN BAND MENTAL ATION, OR RE | | lying cause | | | AS A CONS | E GUENCE OF | | | | | | | | 10 | | |
| DIVISION OF VITAL RECORDS, 201 | D BE EXECUTED WITHIN BENDING" IN PENCIL IN WEDICAL EXAMINED AS A BURIAL HAND MENTAL HAND M | | PART 2 OTHER SIGN | IFICANT CONDITIONS | CONTRIBUTING TO DEATH 8 | UT NOT RELATI | D 10 THE TERMINA | L DISEASE | OR CONDITIO | IN GIVEN IN PART | T 1 (a). | | | | 1 | | |
| 600 | PENDIN F MEDIC ED AS A I HEALTH, AL, CREM | CERTIFICATION | | | | | | | 1. 16 | | | | | | | 0 | |
| AL R | HOULD WED WED WED WED WED OF HE | ICAI | 190. DATE OF C | PERATION | 196 CONDIT | ON FOR W | HICH OPERAT | ION WA | AS PERFOR | RMED? | | | | | 29 AL | JTOPSY? | |
| 7 | NORD CHIEF BE USE NI OF H | RT | 210 EXTERNAL | CALISEWAS | 21h TIME OF | INTUIDY | | 21. 110 | 14/ (5.131.1D) | OCCURRED | | | | | | s 🗆 | NO 🔀 |
| ON | KATES # CK | | UNDERLYING | | HOUR A.M. | | DAY YEAR | AL HO | AA IIAJUKI | OCCURRED |) (ENIEK NA | CTURE OF INJUR | CT IN HEM IS | PART LOR PAR | (1.5) | | |
| OISI/ | VRDED TO VRDED TO CE 3 SHOU TE DEPART 201 PRIOR | MEDICAL | 21d INJURY OC | | 21e PLACE O | | (AT HOME, | 21f. LOC | | | | - | | | | | |
| 2 | 5 6 8 0 E 8 | ¥ | AT WORK | NOT WHILE C | STREET, FACTO | DRY, FARM, ETC | 1 | ST | REET | | | CITY OR TOWN | ٧ | COL | JNTY | 53 | STATE |
| | SE FOR HP | | 22a l certify | | ge of the remains desc | ribed obov | e, held an | Autops | , []. | Inspection | TX. | Inquiry [| , ar | nd in my ap | inian | | 7 |
| | EXAMINER: CERTIFICATE ULD BE FOR: L DIRECTOR: (, WITH THE SAMARYLAND, | | death resulted | from: Natur | ral causes X | Accident | , Suice | de 🔲 , | Homi | cide . | Undeter | mined mon | ner . | | | | |
| | CER CER | | ACTUAL | M | a. | h | | | 1- | SPECIFY) | | | | DATE | 7 | 11 (|) F |
| | SEAT SE | | SIGNATURE_ | 11 | * VX | 0 | | M. | ASS] | istant | MEDIC | AL EXAMIN | VER | SIGNE | D_/- | -14-8 | 35 ~ |
| | TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNKEN DRECTE AFTER DEATH, WITH THE BALTIMORE, MARYLAY | | EXAMINER'S N (TYPE OR PRINT | Ame Ann | M. Dixon, | M.D. | | | DDRESS_ | 111 P | enn S | St., E | Balto | ., MD | 21 | L201 | |
| | PAGE A | 15 | PECIFY) | ON, REMOVAL 2 | | | AME OF CEME | | | ORY | 23d. LOC | | | COUN | NTY | STA | ATE |
| 07/84 25M | BP | | ntombmen | | 7/17/85 | D | ulaney | val | 2 | 250. DATE RE | | imoni | | | IC. IAT. | DE | |
| | DHMH - 17 (VR A15 ME (5)) | | NAME | | LD HOME,] | NC. | 6500 | York | | JUL | | | | Liundso | | | |
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| | |

STATE OF MARYLAND

| | 8 | RE | 10. | 1 | 9 | 8 | 8 | 1 |
|------|--------|-------|-------|--------|------|----|------|-----|
| 20 D | ATE OF | DEATH | MONTH | DAY | YEAR | 2b | HOUR | |
| | JULY | Y 4, | 1985 | | | | 3:45 | , , |
| 1 10 | · - | | | 15.115 | | | | _ |

| | FOR STATE REGISTRAR | | DEPARTA | | ICATE OF DEATH | GIENE 8 RESIN | o | 9 | 5 8 | 0 |
|------|---|--|---|-------------|-------------------------------|--|-----------------|--------------------|----------------|---------|
| P | DECEASED NAME F | IRST | MIDDLE | 1 | AST | 20 DATE OF DEATH | MONTH D | AY YEAR | 26. HOUR | - 13 |
| L | | LENA | D. | W | EINBERG | JULY 4,1 | | | 3:4 | 5 AM |
| 3. | SEX | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIR | | ONTHS DAYS | | AIN, |
| L | FEMALE | WHIT | E | | CH 13,1897 | 88 | YRS | | | |
| ije | BIRTHPLACE (STATE OR FORE | IGN 76. CITIZEN C | F WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | | |
| | MARYLAND | USA | | WIDOWE | Transit Transit | BALTIMORE | | 7 10 | | MD. |
|) 10 | BALT IMORE | | SUCH FACILITY, GIVE STREET | ADDRESS) | T. 302 (21215) | 120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF THE CONTROL OF THE CONT | F WORKING LIFE | INDUSTRY RVICES | S HOSP | |
| N 11 | SUAL RESIDENCE (IF NURSING 13) | HOME OR OTHER INSTITUTION | ON GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | 1000 | |
| 1 | MARYLAND | Carried State of the State of t | BALTIMO | RE | YES X NO | | S LANE | APT. | 302(2 | 1215 |
| 14 | FATHER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | WE | | LA | AST | |
| P | JOSEPH | NE E | WEINBERG | | RAE | | | INE | | |
| 16 | (YES, NO OR UNKNOWN) | U.S. ARMED FORCES IF YES, GIVE WAR OR DATES: | | | 17 INFORMANT | ADDRE | | | (21215 |) |
| L | NO | | 210-30- | 0/01 | MRS. ETHEL G | 00DMAN 3737 | CLARKS | | | 302 |
| | 18 CAUSE OF DEATH (I PART 1. DEATH WAS | Enter only one couse p CAUSED BY: | P | dien. | La deste | 4,41.0 | | BETWEEN | NIMATE INTERVA | EATH |
| | IM | MEDIATE CAUSE (0) | cantonot, | INE | luc undusta | IC IO HOR | | | | |
| | C Inc. of | | OR AS A CONSEQUE | NCE OF | | | | - | | |
| | Conditions, if any, w gave rise to immed | liote | | | | | | | | |
| ı | | the DUE TO, | OR AS A CONSEQUE | NCE OF | | | | +15- | | |
| | PART 2 OTHER SIGNIFI | CANT CONDITIONS | CONTRIBUTING TO E | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 1 | 10 | |
| 13 | | re | | | | | | | | |
| 1 | 190 DATE OF OPERATIO | N 196. CON | IDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FIND | | |
| | | | | | | YES NOW | YES | | S OF DEATH | |
| | OR CONTRIBUTION CAN | | OF INJURY | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | Y IN ITEM 18 PA | RT OR PART 2) | 1 | 5 |
| 1 | (IF EITHER, NOTIFY MEDICAL | SE OF DEATH | P.M. | 19 | | | | | 5 6 | 400 |
| 1 | (IF EITHER, NOTIFY MEDICAL I | LATHOME | E OF INJURY STREET FACTORY, OFFICE F | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STA | TE. |
| | 220.1 certify that (I) (th | is hospital) attended | the deceosed from | [1 | 19 85 | | 31 | 9.82 | , that (I) (we | e) lost |
| ı | sow the deceased of obove, (1) (we) (did) | dive on | dy offit death. | 01 | nd that in (my) (our) opinion | death occurred on the de | ite and hour | and from the | couses state | ∍d |
| | 226. SIGNATURE | 0 Sec | 00 | LEAD! | DEGREE | MEDICAL STAT | | 22c. DAT | ESIGNED | 4 |
| 1 | Theken | Mid | 40 | | ATTENDING PHYSICIAN X | MEDICAL STAI | | 7/4 | 4/85 | |
| | 22d. PHYSICIAMS NAME | (TYPE OR PRINT | | | 22e ADDRESS | ald co | 1 | | | |
| L | MINIO | 111104 | | | 1 222 W 100 MVILZ LOVE | | | | | |
| 23 | Bo. BURIAL, CREMATION, REA | MOVAL 236. DATE | 23t. N | IAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | 1120 | T. OURIY | Lun | SET AND |

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

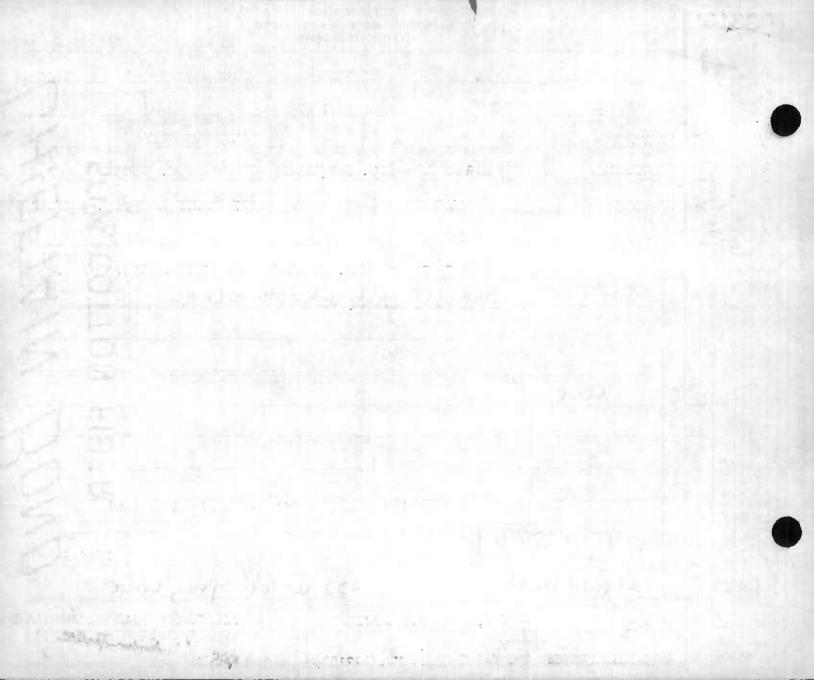
24 FUNERAL DIRECTOR SOL LEVINSON & BROS.

JULY 5,1985

6010 REISTERSTOWN RD. BALTIMORE MD (21215)

BER CHAJIM

CUMBERLAND ALLEGHENYMARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SI



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| 3 | REG. N | 10. | Ì | |
|------|--------|-------|-----|--|
| O.E. | DEATH | MONTH | DAY | |

9 3 8

| | | REGISTRAR | | | | | | | REG. NO. | | | | , |
|---|----------------|---|--------------------------------------|--|------------------------|---|-----------------------------------|---|----------------------|---|------------------|--------------|---------------------|
| | | CEASED NAME FIRS R | opert | MIDDLE | U | *Welch, | Jr. | 2a DATE OF | | 7 5 | 85 | | 25km |
| | 3. SE | x M | 4 RACE Blac | k | 5 DATE O | | ŽŽ | 6. AGE (IN YE | 64 | | UNDER I YEAR | IF UNDER | R 24 HRS |
| 5 | We | RTHPLACE (STATE OR FOREIGN COUNTRY Virginia | 76 CITIZEN OF | WHAT COUNTRY? | WIDOWE | | ORCED 🖒 | | ltimo: | county o | Су | | MD. |
| - | | Baltimore | FRANC | HOSPITAL, NURSING HEACILITY GIVE STREET A LIS S. KEY | MED. | | | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | ESS OR |
| 5 | USU. 130. S | AL RESIDENCE IN NURSING HOME STATE 136 CO | OR OTHER INSTITUTION UNITY | 13c. CITY OR TOWN Baltimo | ADMISSION) N Dre | 13d. INSIDE C | TY LIMITS? | 13 SISSE / | Odell | ZIP CODE Aven | oe enua 21237 | | |
| | 14. F.A | ATHRYS NAME FIRST Robert | WIDDLE | Welch, | | 15. MOTHER'S | EIRST | WE | WIDDLE | | Jack | son | |
| | | WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECUI | RITY NO. | 0sile | Nī na Híli | 1 16 | ADDRES | | Avenue | | |
| | | PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN | DUE TO, O DUE TO, O DUE TO, O (c) | | NCE OF | | WARY is | UNIAL DISEASI | RRG | TION GIVE | NI INI PART I | | |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | ITION FOR WHICH | | | | 200 AUTOPSY? 206 IF YES IN CERTIF | | | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\cap \) | | | |
| 7 | MEDICAL CERT | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMI | | M. MONTH DA M. | Y YEAR | R 21c. HOW INJURY OCCURRED (ENTER NATUR | | | | | | | |
| | ME | WHILE NOT WHILE AT WORK 220 I certify that (I) (this has sow the deceased alive | spital) attended the | e deceosed from | 11 | STREET and that in (my) | , 19 45 (our) opinion | , to | 7 5 d on the date | , 19 | 4 3 | that (I) (| |
| | | obove, (1) (we) (did) (did) 22b. SIGN A TIRE | 8 7 | hyu | N | | TTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF | IN Z | 7/5 | SIGNED 63 | |
| | | Joseph | + G. | BRYER | | F | SKMI | | | T | MP | | |
| | | BURIAL, CREMATION, REMOV (SPECHY) Burial | 7/8/8 | | | EMETERY OR C | Park | | Ctimor | | COUNTY | | GM ^{atate} |
| | 24 FU | UNERAL DIRECTOR | | | | | 250. DAT | E REC'D. BY R | EGISTRAR 2 | b. REGISTR | AR'S SIGNA | Morda | |

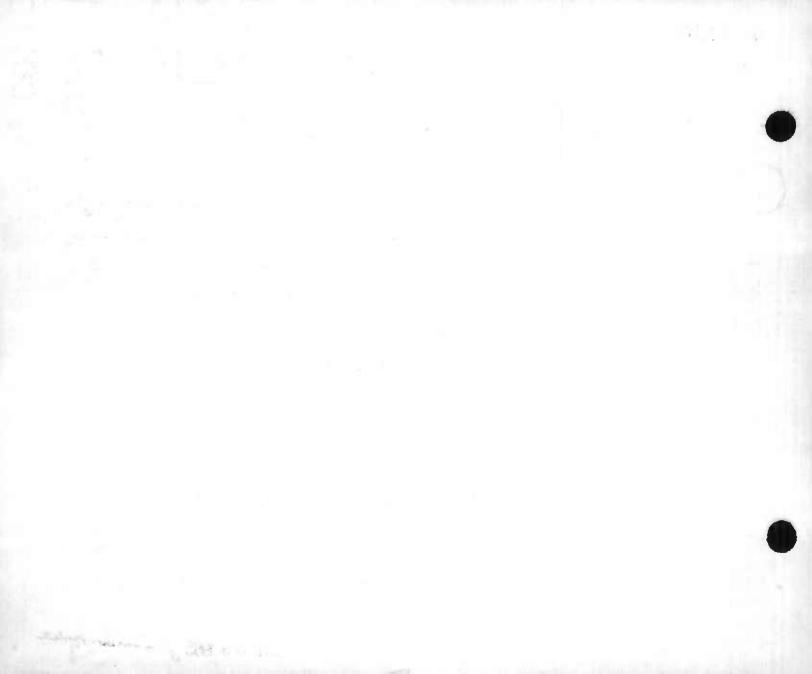
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

HOSPITAL

Wm. C. March F/H 1101 E. North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL BE JUL 0 9 1985



| 210158 | FOR STATE REGISTRAR |
|--------|---------------------------|
|--------|---------------------------|

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEL ATE OF DEATH

| | REGISTRAR | | CERTIF | ICATE OF D | EATH | RES. NO. | | 9 0 | 0 | 4 |
|---|---|---|-----------|-----------------|-----------------------|---|--------------------|----------------------|----------|-------------|
| | 1. DECEASED NAME FIRST | į. | ASI | The last of the | 20. DATE OF DEATH MON | TH / DAY | YEAR | 26 HOU | R | |
| | (TYPE OR PRINT) REY | MA | ME | NTKE | R | | 1/18 | 85 | 4:10 | A.M |
| | 3 SEX | 4 RACE | 5. DATE C | | | 6 AGE (IN YEARS LAST BIRTHDA | Y) IF UN | DER I YEAR | IF UNDER | |
| | , F | W | MONTH | 16 | 25 | 60 | YRS | HS DAYS | HOURS | MIN. |
| 1 | To. BIRTHPLACE ISTATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8 | | | 9 BALTIMORE CITY OR CO | | DEATH | | |
| 2 | country) md | 11.5 4. | WIDOWE | D NEVERA | ORCED | | Ci | ty | | MD. |
| 1 | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII | NG HOME C | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | | 25 KIND O NDUSTRY | F BUSINE | |
| | Balto. | N. Charles | | Hosp. | | Homemak | er | | | |
| | USUAL RESIDENCE HE NURSING TOME OF | | | 13d INSIDE C | ITY LIMITS? | 13e STREET ADDRESS / ZII | CODE | | | |
| 7 | Md. A. | Arundel Pasader | na | YES 🗌 | NO 🗌 | 428 Rivers | ide D | r. | 21: | 122 |
| 1 | 14 FATHER'S NAME | MIDDLE LAST | 1000 | | MAIDEN NAM | ME | | LAST | , | |
| | Joseph | Shult | z | | phine | MIDDLE | | [A31 | | |
| 7 | 160 WAS DECEASED EVER IN U.S. AL | | URITY NO. | 17. INFORMA | * | ADDRESS | | - | | |
| - | (YES NO OR UNKNOWN) (IF YES, GI | 218-18- | 7409 | Mr. | Bernar | d J. Wentker | - Same | | #13 | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO X 1 | DEATH BUT | ON P | NEUM AR (| LOPATHY ONIA ONIA INAL DISEASE OR CONDITA | ON GIVEN I | N PART I (c | da | |
| 7 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO | | | | |
| 1 | OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | HOUR A.M. MONTH D | 19 | 21t. HOW IN | 4196 | CITY OR TOWN | ITEM IB PART I | OR PART 2) | | ATE |
| | 220.1 certify that (1) (the hosp sow the decreased alive or above, (1) (2) (find) (did no | of old view the body ofter death. | 85 or | , | ., 19 8 S | , to | 18 19 ond hour one | from the o | | / |
| 4 | | walit, m.b. | | F | TTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | A | 22c. DATE | 18 | 35 |
| | A. C. CHOL | JVALIT, M. D. | | NOR | | HARLES 6 | ĒN. | 1+051 | ۴. | |
| | 230 BURIAL, CREMATION, REMOVAI (SPECIFY) Removal | 236 DATE 23c 7/18/85 | NAME OF C | EMETERY OR C | CREMATORY | 23d LOCATION CITY OR TOWN | co | UNTY | .51 | ATE |
| | 24 FUNERAL DIRECTOR | | | | Tar- DATE | DEC'D BY DECIETDAD 111 | DE CHETO A D | CCIMALAT | UDF - | |

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT:

NAME

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior.

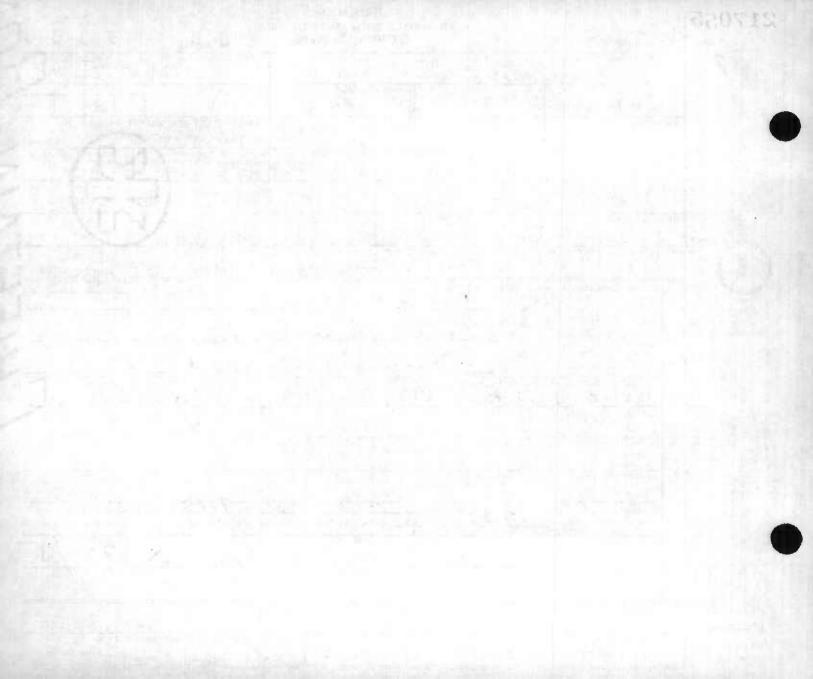
Anatomy Board

Balto., Md.

REC'D. BY REGISTRAP 250. REGISTRAR'S SIGNATURE



| 217055 | FOR STAT REGI | E STRAR | | DEPARTA | MENT OF HEA | F MARYLAND LTH AND MEN ATE OF DEA | TAL HYGIE | NE 8 RES | 10. | 9 3 | 8 3 |
|--|-----------------------------------|--|---|---------------------|--------------------|---|-----------------|---|---------------------|-------------------------|--------------------------------|
| poge 3 | 1. DECEASE TYPE OR PRIN | DNAME FIRST | Katherin | ë Wenc | W | Jen Cui | 5 | o. DATE OF DEATH | MONTH DAY | 3 83 | HOUR 10 am |
| ctor. p | 3. SEX | EMME | LAETRI | NIM | S. DATE OF B | DAY | YEAR QOO | AGE (IN YEARS LAST BI | YRS | JAYS OAYS | IF UNDER 24 HRS |
| and 27 hours of 27 | | ETRINIA | LASTR | INLA | WIDOWED | NEVER MARI | CED 🗌 | BALT | OR COUNTY O | | MD |
| 11 40 | BAL | TIMORE | ST. AGA | | ADDRESS) OSPITA | | | 20 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEW | OF WORKING LIFE) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| 35 | 30. STATE | MD HILL COL | | ELLICOT | CITY Y | I INSIDE CITY L | | 36 STREET ADDRESS 3515 N. (| ZIP CODE | 1 21 | 043 |
| 1/30 | FATHER'S | Jonas Ru | tkauskos | LAST | | MOTHER'S MA | Ursul | e Krupiek | | TAST | |
| (1)2 | | CEASED EVER IN U.S. A OR UNKNOWN) (IF YES, C NO | ARMED FORCES? 161 | 57120 | | INFORMANT | erine | E Dobbs | | 2104 Chath | am Rd |
| ph on po on po emerican | 18 CA | AUSE OF DEATH (Enter ART I, DEATH WAS CAUS IMMEDI | only one couse per line SED BY: ATE CAUSE (a) | | dien' | NOXI | | | | APPROXIMA BETWEEN ON | ATE INTERVAL ISET AND DEATH |
| death cer attending ove carbo over carbo over re | | ditions, if ony, which | DUE TO, OR A | SASONSEOUE | NCE OF | zipu | Her | 1 Anie | V | | |
| that the d by the ease rem ol, crems or other to | caus | e rise to immediate e (a), stoting the erlying couse last. | DUE TO, OR A | SACONSEOUE | NCE OF | cala | 1 00 | Ecdent | | | |
| en signed I. Then pl or to burn y injury, o | - | 2 OTHER SIGNIFICAN | rellitu | , U- | DEATH BUT NO | Utaia | sclere | Tal DISEASE OR CON | ovascul | an Drs | use, |
| The low cion. e has be sit permit giene prii. | CERTIFICATION 210 Pt 190 Dt 210 V | ATE OF OPERATION | 196 CONDITIO | | OPERATION V | VAS PERFORME | 5.19 | YES NO | IN CERTIFYIN | | |
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| ING PHY Totherdia Wher this os the bi Ith and A arked ar | WHIII NOW TA | NJURY OCCURRED NOT WHITE AL WORK | 100 | FACTORY, OFFICE, F. | | F LOCATION STREET | -06 | CITY OR TO | NWO | COUNTY | STATE |
| ATTEND ospital o ECTOR A d for use t. of Heol | 50 | certify that M (this hose) we the deceased alive a bave, (h (we) (did) (did | ne -1/2. | \$ 196 | | |) apinian de | ath occurred on the d | late and hour o | nd from the ca | |
| NAL OR RAL DIRE detache detache NAT; If the | | IGNATUSZINA | ude | | n | PHYS | NDING SICIAN | MEDICAL STA | | 7/2 DATEST | S AST |
| retoined by the retoined by the retoined by the should be det with the State IMPORTANT. | | HYSICIAN'S NAME (TYPE | | | | ADDRESS | | | gradie | / | / |
| BP | (SPECIFY) | , CREMATION, REMOVA Buríal | July 25 | | Meadow | ridge | | 23d LOCATION CITY OR TOWN | Howa | | ryland |
| HMH - 16 60M 7/84 (VRA 15, 4) | | H Witzke | 4112 Colum | bía Rd 1 | Ellícot | t City | AIA | REC'D. BY REGISTRAR | | R'S SIGNATUR | |



206006

STATE OF MARYLAND

| | 8 | REG. | 10. | 1 | 9 | 8 | 8 | \$. |
|----|----|------|-------|-----|------|----|-------|-----|
| TF | OF | FATH | MONTH | DAY | YEAR | 2h | HOLIB | _ |

| 1. | FOR STATE REGISTRAR | | | DEP | ARTMENT OF H | EALTH AND | | ENE B RES | ۷٥. | 1 5 |) 8 | 3 8 | 3 4 |
|---------------|---|------------------------------------|-------------|-------------------------------|---|----------------------|----------------------------|---|----------------|---------------|---------|---------|--------------------|
| | CEASED NAME | FIRST | | MIDDLE | 1 | AST | | 20. DATE OF DEATH | MONTH | | YEAR | 2b HO | UR 7 |
| | S. T. T. C. | TILLI. | E RO | DSINA | WE | RTHE | IMER | | 7 | 21 | 75 | 3: | WAM |
| 1.58 | | | RACE | - | S. DATE C | | YEAR | AGE (IN YEARS LAST B | IRTHDAY) | IF UNDER | DAYS | IF UNDE | R 24 HRS |
| | FEMAL | ٤ | WHIT | E | 2 | 1/2 | 08 | ++ | YRS. | | | | |
| 7a B | IRTHPLACE GERMAN | JY 7b. | CITIZEN OF | WHAT COUN | MARRIE | NEVER | MARRIED - | BALTIMORE CITY | _ | | ATH | WIE. | 8000 |
| | XXXXXXXXXXX | x / | U | SA | WIDOWE | D D | NORCED [| BALTIA | 10RE | | CITY | 7 | MD. |
| B | 2LTIMON | 20- | GOOD D | SA M | URSING HOME C STREET ADDRESS! IDNITAG | 1 | SPITAL | 12g USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEW) | | | USTRY | F BUSIN | ME |
| 13a : | ALRESIDENCE (IF NURS STATE DRYLAND | BALT | | SIVE RESULTAN | PONSVIELI VXXXXX | YES 🖎 | NO 🗌 | 6311 CHES | / ZIP COE | E RE | 4. M | 02 | 1228 |
| 2 | ATHER'S NAME FIRST | JN KNOWN | | LAS | T | | S MAIDEN NAMI | WIDDLE | | | UNKN | NOWN | |
| | WAS DECEASED EVER | IN U.S. ARME | | | SECURITY NO. | 17 INFORM | ANT LOU | IS WERTHE | EMER | 19.5 | | | 9.34 |
| | NO | TIF 763, GIVE W | AR OR DATES | 051-18 | -9862 | 6311 | CHESWOR | TH RD. CAT | CONSVI | LLE, | MD | 21 | 228 |
| | Canditians, if any, gave rise to imm cause (a), statin underlying cause | which nediate g the last. | DUE TO, O | R AS A CONS | SEQUENCE OF | CER W | ITH MUL | TIPLE METS | | | | | |
| CERTIFICATION | PART 2 OTHER SIGN | | | | HICH OPERATIO | | | 200 AUTOPSY? | 20b. IF YE | ES, WERE | FINDIN | IGS USE | |
| THE N | C Chelott | | | | | | | YEST NON | | IFYING C | AUSES | OF DEA | |
| MEDICAL CER | 210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION | AUSE OF DEATH | | M. MONTH | d DAY YEAR | | | D (ENTER NATURE OF IN) | URY IN ITEM 18 | PART I OR F | PART 2) | | |
| MED | 21d INJURY OCCURR | ILE [7] | | OF INJURY REET, FACTORY, O | PFFICE FARM ETC) | 211 LOCATI | | CITY OR T | OWN | COU | NIY | | STATE |
| | 22a I certify that (I) | d alive an | rely | 21 | 100 | /J nd that in (my | 19. TJ (aur) apinian de | ta uly seath accourred on the | date and ha | . 19 <u>8</u> | | | (we) last tated |
| | 22h SIGNATURE | MI | V | | | | | MEDICAL ST. | AFF ICIAN 🔀 | 220 | PATT S | SIGNED | PJ |
| | CESA | R) PE | EN4 | | | 500 | DD SAM | PRITAN | | BA | LTO. | , M | ID |
| 23c. 8 | BURIAL, CREMATION, (SPECIFY) BURIAL | REMOVAL | JULY 2 | 2,1985 | CHEVRA | EMETERY OR AHAVAS | CHÉSED | RANDALI | LSTOWN | BA | LTO. | | st MD |

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21 21215

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

| 198108 | , |
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tely filled in by the funeral director, page 3 2 should be filed within 72 hours ofter death

must be notified of once.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ŀ | WELL | OL | HEA | FIL | ANU | MENIAL | ı |
|---|------|-----|-----|-----|-----|--------|---|
| | CF | PTI | FIC | ATE | OF | DEATH | |

| Sauce | | | |
|-------|----------|---|----|
| X | Son | - | 14 |
| () | REO. NO. | | |
| | | | |

| - 1 | - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | 8 REDNO. | 9 3 8 5 | | | | | | | |
|-----|--|--|--|---|---|--|--|--|--|--|--|--|--|
| | . DECEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH MO | NTH DAY YEAR 26. HOUR | | | | | | | |
| ı | (TYPE OR PRINT) | LLIAM E | E. WHE | DBEE | July 13, 1 | 1985 | | | | | | | |
| 3 | 3. SEX | 4 RACE | 5. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | | | |
| 1 | Male | White | Jan | | 78 | MONTHS DATS HOURS MIN. | | | | | | | |
| 17 | O. BIRTHPLACE I STATE OF FOREIGN | 76 CITIZEN OF WHAT | T COUNTRY 2 | • | 9 BALTIMORE CITY OR C | | | | | | | | |
| | COUNTRY) | 110 | SA MARRIE | D NEVER MARRIED | Politicasca | Cit | | | | | | | |
| + | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSP | ITAL, NURSING HOME | | Baltimore 120 USUAL OCCUPATION | | | | | | | | |
| | Baltimore | | lity, give street AODRESS) ninghaus Re | and | Self-, emp | | | | | | | | |
| | USUAL RESIDENCE HE NURSING HOME | OR OTHER INSTITUTION GIVE R | ESIDENCE BEFORE ADMISSION) | | | | | | | | | | |
| | 130 STATE 136 CC | The second secon | Daltimone | | 13e STREET ADDRESS / ZI | P CODE | | | | | | | |
| 4 | MD 4 FATHER'S NAME | | Baltimore | YES NO I | | ghaus Rd., 21212 | | | | | | | |
| |) Arthur | MIDDLE VA/h | edbee | FIRST | MIDDLE | Weakley | | | | | | | |
| 9 | 60 WAS DECEASED EVER IN U.S. | | SOCIAL SECURITY NO. | Grace | ADDRESS | Weakley | | | | | | | |
| 1 | | GIVE WAR OR DATES) | | Margaret B | | Same | | | | | | | |
| F | | | | Mai gai et D | . Wheabee, | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| Н | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | SED BY | 6 | | | BETWEEN ONSET AND DEATH | | | | | | | |
| | IMMED | IATE CAUSE (o) | Densis | | | 19 140012 | | | | | | | |
| 1 | C 122 / 123 | DUE TO, OR AS | A CONSEQUENCE OF | Allitis | | | | | | | | | |
| 1 | Conditions, if any, which gave rise to immediate | (b) | Diabelis 1 | MUCHIS | | | | | | | | | |
| | couse lost, stoting the underlying couse lost | | | | | | | | | | | | |
| | | (c) | | NOT BELATED TO THE TERM | | | | | | | | | |
| 1 | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTR | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P | | | | | | | | | |
| | PART 2 OTHER SIGNIFICAN | t conditions <u>contr</u> i | IBUTING TO DEATH BUT | NOT KELATED TO THE TERM | NAL DISEASE OR CONDITI | ION GIVEN IN PART TIO | | | | | | | |
| 2 | PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION | | FOR WHICH OPERATIO | | | LONE THE RESERVE | | | | | | | |
| 7 | PART 2 OTHER SIGNIFICAN | | | | 200 AUTOPSY? 20 | DB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | | | | |
| 7 | PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING | 196 CONDITION | FOR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20 IN | DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | | | |
| | 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | 196 CONDITION 216 TIME OF INJUDENTH HOUR A.M. | FOR WHICH OPERATIO | | 200 AUTOPSY? 20 IN | DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | | | |
| | 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | 21b TIME OF INJI HOUR A.M. / P.M. | FOR WHICH OPERATIO URY MONTH DAY YEAR 19 | N WAS PERFORMED | 280 AUTOPSY? 28 IN | IN IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NOTE: 1 OR PART 2) | | | | | | | |
| | 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WMILE NOT WHILE | 216 TIME OF INJ | FOR WHICH OPERATIO URY MONTH DAY YEAR 19 | N WAS PERFORMED | 200 AUTOPSY? 20 IN | DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | | | |
| | 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF STRIBUTING CAUSE OF OF STRIBUTING OF CAUSE OF AT WORK NOT WHILE AT WORK AT WORK | 216. TIME OF INJ HOUR A.M. / P.M. 21e. PLACE OF IN (AT HOME, STREET, FA | FOR WHICH OPERATIO URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) | N WAS PERFORMED 21c. HOW INJURY OCCURR 211. LOCATION | 280 AUTOPSY? 28 IN | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO } \text{NO } \) | | | | | | | |
| | 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) that ha | 21b. TIME OF INJI HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA | FOR WHICH OPERATION URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) | N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET | 280 AUTOPSY? 28 IN YES NO | DISTRICT ON THE PROPERTY OF TH | | | | | | | |
| | 190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE EITHER NOTHER MEDICAL EXAM 210 INJURY OCCURRED WHILE NOT WHILE SAM AT WORK AT WORK 270.1 Certify that 10 the has sow the decease of other obove (ILUME) Bridly and | 21b. TIME OF INJI HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA | URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eosed from 19 deoth. | 211. LOCATION STREET 19 30 and that in (my) lour) opinion d | 280 AUTOPSY? 28 IN YES NO | DISTRICT OR PART 2) COUNTY STATE COUNTY STATE 19 thou (I) we) lost and hour and from the couses stated | | | | | | | |
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| | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AWORK AWORK AWORK 270. I certify that (1) the has sow the deceased alive above (111/48) Indid 27b. SIGNAFORE 27d. PHYSICIAN'S NAME (11/4) | 21b TIME OF INJI DEATH HOUR A.M. / P.M. 21e PLACE OF IN (AT HOME, STREET, FAI spitol) ottended the decorn not view the body ofter. E OR PRINT) | URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eosed from deoth. | 211. LOCATION STREET 19 ATTENDING PHYSICIAN 22e ADDRESS | 280 AUTOPSY? YES NO | Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE COUNTY STATE A COUNTY STATE CO | | | | | | | |
| | 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERSYING OR CONTRIBUTING CAUSE OF THE EITHER NOTHER MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WHILE AT WORK 720. I certify that (1) this has sow the deceased of live above (11/1/1/1/1) this 22b. SIGNAFORE 72d. PHYSICIAN'S NAME (19) 72d. PHYSICIAN'S NAME (19) | 216 TIME OF INJUDENTH PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF INT (AT HOME STREET, FAIR TO THE PLACE OF INT (AT HOME STREET, FAIR TO THE PLACE OF INT (AT HOME STREET) AT HOME OF INT (AT HOME OF INT) B. Bell, M. | URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM ETC.) eosed from deoth. | 211. LOCATION STREET 19 21d that in (my) our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS 3501 St. Pa | 200 AUTOPSY? YES NO | Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE COUNTY STATE A COUNTY STATE CO | | | | | | | |
| | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AWORK AWORK AWORK 270. I certify that (1) the has sow the deceased alive above (111/48) Indid 27b. SIGNAFORE 27d. PHYSICIAN'S NAME (11/4) | 216 TIME OF INJUDENTH PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF IN (AT HOME STREET, FAIR TO THE PLACE OF INT (AT HOME STREET, FAIR TO THE PLACE OF INT (AT HOME STREET, FAIR TO THE PLACE OF INT (AT HOME STREET) AT HOME OF INT (AT HOME OF INT) B. Bell, M. | URY MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eosed from deoth. 730 NAME OF C | 211. LOCATION STREET 19 ATTENDING PHYSICIAN 22e ADDRESS | 280 AUTOPSY? YES NO | COUNTY STATE COUNTY STATE 120. DATE SIGN D COUNTY STATE 121. DATE SIGN D COUNTY STATE 121. DATE SIGN D COUNTY STATE | | | | | | | |

21212

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road, Balto..

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the bunal-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or otherding physician

William Service and the Deal of the Service and the Service an THE RESERVE THE PROPERTY OF THE PERSON OF TH valo enomittado de la la companya de la companya de la companya d MD ... Beltimens x ... Of Especial Ed., 21113 sover to be the sound of the so The transfer of the second of odni st. Back St., Eltt., MD de la companya de la TABLE State Church Carton,

Henry M. Walter E. Co.

4905 Years Ford, alta., h __ alta_

203183

STATE

REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

BETT

WILLIAM R

23b. DATE

D

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

WHEELER

| YG | ENE 8 | REG. | NO. | 107524 | 9 | 3 | 8 | 0 | |
|-----|------------------------|---------------------|------------------|----------|-------|------------|-----------|-------|--|
| | 2a. DATE OF | | 07 | | AY | YEAR 35 | 2b. HO | JR5 | |
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| | 4-8 | E ARS LAST I | | | ONTHS | DAYS | HOURS | MIN. | |
| 2 | 9 BALTIMO | RE CITY | _ | UNTY | OF DE | ATH | 34 | MD | |
| | 120 USUAL (TYPE OF WOR | OCCUPA K FOR MOS | TION TOF WORK | ING LIFE | IND | KIND O | F BUSIN | | |
| | 13e STREET / 273 | ADDRESS 7 E | dine | CODE | 501 | v A | 21 | 223 | |
| NAM | AĒ | MIDDLE | 6 | Bar | | | | | |
| C | rawfor | | 1737 | Eo | lme | nds | 01 | | |
| | th me | 1. | | | | APPROXU | MATE INTE | DEATH | |
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| | | Z (S | | | | | | | |
| RM | NAL DISEAS | E OR CO | NDITION | N GIVE | NINP | ART 140 |) (| | |

| | 3. SEX | | 4 RACE | | 5. DATE O | | | 6 AGE IN YEARS LAST BIRT | | UNDER TYEAR | IF UNDER | |
|---|---------------|--|------------------|----------------------|-------------|----------------|------------------|--|------------------|----------------|------------|--------|
| | 31 | Female | Blac | K | MONTH 04 | L 07 | 37 | 48 | YRS. | DAYS | HOURS | MIN. |
| , | 7a BIR | THPLACE (STATE OR FOREIGN | L CITIZEN OF WE | HAT COUNTRY? | 8 | | 521 | 9 BALTIMORE CITY OF | COUNTY | F DEATH | | |
| N | Bo | OUNTRY) | 11 5 | Δ | | | MARRIED K | a de | | | | |
| | 10.013 | Y OR TOWN OF DEATH | 11. NAME OF HO | CDITAL MILIDEIN | WIDOWE | | NORCED [] | 120 USUAL OCCUPATION | ONL | 12b KIND O | E DUICINIS | M |
| | 19, C11 | TOR TOWN OF DEATH | | ACILITY, GIVE STREET | | K OTHER IN: | SITUTION | (TYPE OF WORK FOR MOST OF | | INDUSTRY | L BOZINE | :55 OK |
| | 1 | Salto. | 350 | in Sec | cor | | | Housewif | 2 | Hom | e | |
| 2 | USUA 13a S | L RESIDENCE (IF NURSING HOME OF | | | | 101 015105 | CITALLIA | La CERCET ADDRESS (| 71D 0005 | | 213 | 223 |
| - | | Md. | 13 | Ba 14 | | YES 🔀 | NO [| | | SON A | | |
| | 14. FA | THER'S NAME | AIDDLE | LAST | | 15. MOTHER | 'S MAIDEN NA | ME | | LAS | | |
| - | 0 | Richard | W | heeler | | h | 1/190 | | Bar | nes | | |
| 1 | | 'AS DECEASED EVER IN U.S. ARA | | b. SOCIAL SECU | | 17 INFORM | ANT | ADDRE: | 55 | | New | 1,7 |
| | (A) | ES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | 21932 | 7629 | Mys. 1 | ·Ilian (| rawford 27 | 37 Ed | mends | | |
| | - | 18 CAUSE OF DEATH (Enter onl | | e for (a), (b), one | d (cs.) | | 100 | April 1964 (1971) | | BETWEEN | MATE INTER | DEATH |
| | | PART I. DEATH WAS CAUSED | E CAUSE (o) A | donoca | vinno | nes le | un un | ed metasta | ises | | MTH | |
| | | IMMEDIATI | CAUSE (U) | | | | 1 | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | - |
| | | Conditions, if ony, which (b) (b) | | | | | | | | - | | |
| | | couse (01), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | underlying couse lost | ((c) | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT C | ONDITIONS CON | TRIBUTING TO | DEATH BUT | NOT RELATE | D TO THE TERM | INAL DISEASE OR CONE | ITION GIVEN | N IN PART 140 |) . | |
| | Z | | | 1 | UONE | | | | | | | |
| | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITK | ON FOR WHICH | OPERATION | N WAS PERF | ORMED | 20g AUTOPSY? | 20b. IF YES. 1 | WERE FINDIN | IGS USE | 0 |
| | 띮 | | | | | | | | IN CERTIFY! | ING CAUSES | OF DEAT | TH? |
| _ | E | | | | | 1 | | YES NO | YES | | NO [|] |
| | W | 210. ACCIDENT WAS UNDERLYING | 11b. TIME OF I | | YEAR | SIC HOW I | NJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM TO PAR | T T OR PART 2) | | |
| | 3 | OR CONTRIBUTING CAUSE OF DEAT | | | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF | INJURY | | 211 LOCAT | | H AIRSTING | | | | |
| | ¥ | WHILE NOT WHILE | (AT HOME, STREET | FACTORY, OFFICE, F | ARM, ETC J | STREE | ET | CITY OR TOV | /N | COUNTY | S | TATE |
| | | AT WORK AT WORK | | | | CTTO | 0 01 | -7 | 14 | 0- | | |
| | 100 | 220 I certify that (I) (this hospit | | | ~ ~ | | R. 19 84 | | -/0. 19 | | thot (I) | |
| | | sow the deceased alive on obove, (1) (we) (did) (did not | | | 0.3, on | id thot in (my | () (por) opinion | deoth occurred on the do | te and hour o | and from the | couses sto | oted |
| | 5 | 226. SIGNATURE | 1 | | (| DEGREE | | THE STATE OF THE S | | 22c. DATE | SIGNED | |
| | | Mellean | TT F | ewm | D | | PHYSICIAN > | MEDICAL STAF | F IAN [] | 7-10 | 1-8 | 5 |
| B | | 224. PHYSICIAN'S NAME (TYPE OF | Street | | 1900 | 22e ADDRE | | SECOURS | | PLTAZ | | |
| | | | | | | | | | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT

24 FUNERAL DIRECTOR AS. A. Morton +Sons F.H. 1701 Laurens St

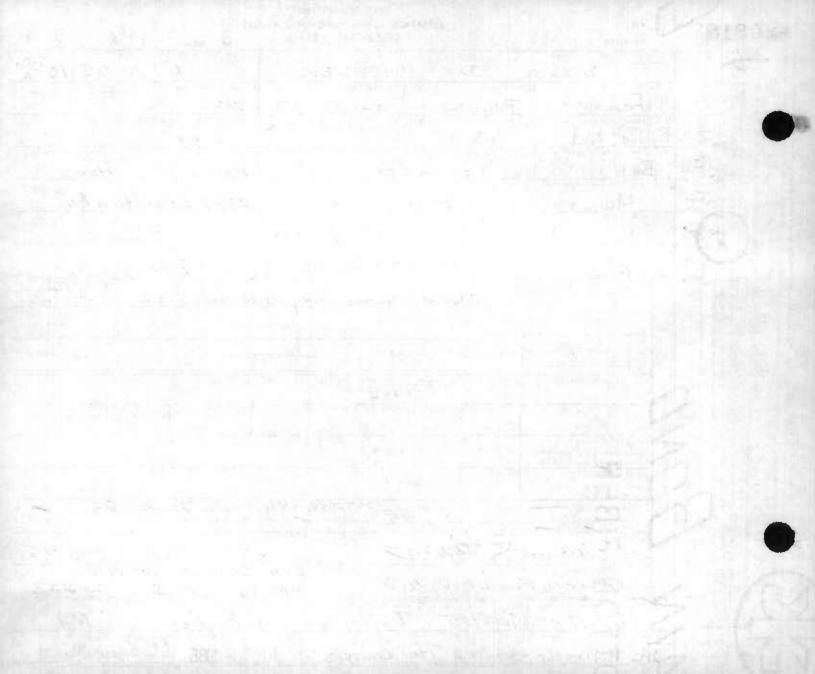
LAW M.D.

231. NAME OF CEMETERY OR CREMATORY

21223

23d LOCATION

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 100 | |
|-----|----------|---|
| 3-6 | the same | |
| U | REG. | 1 |
| | 114 | |

| ı | REGISTRAR | | | CERTIF | ICATE OF DEATH | B REN | 0. | 9 0 | 0 / |
|---|---|--------------------------------|---------------------------|------------|------------------------------|---------------------------|-------------------|-----------------|-------------------|
| Ì | DECEASED NAME FIRST | | MIDDLE | l | AST | 20. DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR 5 |
| 1 | ELIZAB! | ETH N | ildred | W | 14178 | 7/8/ | 85 | | 1:26 M |
| ı | 3. SEX | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| ı | , TEMALS | CAUC. | ASIAN | MONTH 3 | DAY YEAR 24 | 61 | YRS | DIVINS DATS | MOURS MIN. |
| 1 | To. BIRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| 4 | Maryland | Ui | SA | WIDOWE | - | BALTI | MORE | E UI | MD MD |
| 1 | LO CITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OR |
| 1 | BALTINORE | UNIV. | / | Ry la | and | MD State | | | vision |
| Ā | USUAL RESIDENCE (IF NURSING HOME O | | GIVE RESIDENCE BEFORE | | 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 723-1 | | 2 |
| 7 | | 1 Annes | CHESTE 12 | | YES NO | RDIBE | - | 55 1 | 1619 |
| ā | 14 FATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | 1AST | |
| A | Carl Eaton | MIDDLE | CAST | | Julia C | | | {ASI | - 530 |
| í | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRI | SS | | |
| | NO NO | AE MAK OK DATE?) | 218-16- | 8 359 | Robert M. | White, same | e as al | bove | |
| 1 | 18 CAUSE OF DEATH (Enter o | nly one couse pe | line for (a), (b), one | dicin | | , | | BETWEEN | MATE INTERVAL |
| ı | PART I. DEATH WAS CAUSI | ED BY TE CAUSE (0) | Cardio | Pick | monary a | rest | | | - |
| 1 | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| ı | Conditions, if ony, which | | | | | | | | |
| ı | gove rise to immediate couse (a), stating the |) | R AS A CONSEQUE | NCE OF | | | | | |
| 1 | underlying couse lost. | (c)_ | | | | | | | |
| 1 | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITIONGIVE | N IN PART 110 | 0 |
| | Q . | | | | | | | | 0.0 |
| 1 | 190 DATE OF OPERATION 6/7/85 710. ACCIDENT WAS UNDERLYING | | | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | |
| | 6/1/85 | Mida | le Cerem | al Ur | tEny Creury | YES NO | YES | | NO 🗌 |
| | OR CONTRIBUTION CALLE OF DE | | OF INJURY .M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | RT OR PART 2) | |
| | (IF EITHER NOTIFY MEDICAL EXAMINE | | M. | 19 | | | | | |
| ı | (IF EITHER NOTIFY MEDICAL EXAMINE | 21e PLACE | OF INJURY | ARM ETC } | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| ı | WHILE NOT WHILE AT WORK | | | | | 1 | | | |
| ١ | 220 I certify that (I) (this hosp | - 110 | , | 10/ | 19.8 | 5 , to 7/8 | 1 | 985 1 | that (I) (re) ast |
| ı | sow the deceased alive or obove, (I) (we) (did) (did no | of view the body | ofter death. | | nd that in (my (our))opinion | death accurred on the de | ote and hour | and from the c | couses stated |
| ı | LIA SIGNATURE | 1 12- | 1 1 | | DEGREE | MEDICAL STAI | | 22c. DATE S | SIGNED |
| | Muchael | 1 Can | 0 |) | PHYSICIAN [| DIRECTOR PHYSIC | IAN 🗆 | | |
| 1 | THE CIAN'S NAME (TYPE | // | | | 22e ADDRESS | . / | 1 | | |
| 1 | NUCHAE | C KAN | 1008 | | 122 30476 | 1 COREER | ST. | | |
| | 230 BURIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | STATE |
| 1 | Burial | 07/12 | 2/85 St | tevens | sville Cemete: | ry Stevens | rille | Q.A. | MD |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Tom Helfenbein Funeral Home, Chester, MD 21619

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

53/3/2 HARRIS PLANT ... IN ST. Office alleged to the company of the state of Depote Palesconing Court

patroaxa

requires that the death certificate be-

ENDING PHYSICIAN The low tol or offending physicion

| ĸ | T | HEAL | TH AND | MENTAL | HYGIENE |
|---|-----|------|--------|--------|---------|
| 1 | RTI | FICA | TE OF | DEATH | |

| 1 | | | CERTIFICATE OF DEATH | 8 REG. NO. | 19333 |
|---------------|--|--|--|---|--|
| J. DE | ECEASED NAME FIRST LORO | MIDDLE | White | 20. DATE OF DEATH MONTH | 4-85 150 A |
| 3.5€ | Female | BlAck. | 5. DATE OF BIRTH MONTH DAY 17 08 | 6. AGE (IN YEARS LAST BIRTHOLAY) 76 YE | |
| 3 | Maryland | 6 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 1 Dalfocity | MI |
| 0 1 | Beltmore | John L Deston | NG HOME OR OTHER INSTITUTION TADPRESS) 4650 4 Med Conses | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN | 12b. KIND OF BUSINESS OF INDUSTRY |
| 130 | UAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT | TY 13c CITY OR TOV | YES NO | 1311W. Mulber | ode Street 2122 |
|) | Levi | Cornsi | 15. MÖTHER'S MAIDEN | nre | martin |
| | WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 166 SOCIAL SECTION (16 SOCIAL SECTION (| 1468 Mr. Clare | encelupite 101 | 3W. 42 Dd. 212 |
| NOI | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO | (0) 4300 | ince of Colore | DEN JONES OR CONDITION | GIVEN IN PART I (0) |
| CERTIFICATION | 190 DATE OF OPERATION | | HOPERATION WAS PERFORMED | YES NO | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | DAY YEAR | CURRED (ENTER NATURE OF INJURY IN ITEM | A 18 PART I OR PART 2) |
| 9 | | | | | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| WEDIO | WHILE NOT WHILE AT WORK 220. I certify that the (this hospite saw the deceased alive an abave, (1) (was lated (did not)) | (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) STREET 19 , and thorum (my) (our) opi | CITY OR TOWN | 19, that NI (we) los hour and from the causes stated |
| MEDIC | WHILE AT WORK 22e. I certify that M (this hospite saw the deceased alive an abave, (1) (Ma) (did not) 22b. SIGNATURE | (AT HOME, STREET, FACTORY, OFFICE, and) ottended the deceosed fram 19 view the body after death. | , and thou a my (our) opi | nion death occurred on the date and | . 19, that \((we) las |
| | WHILE NOT WHILE AT WORK 270. I certify that (this hospite saw the deceased alive an abave, (1) (was (did not)) 27b. SIGNATURE 27d. PHYSICIAN'S NAME TYPE OR | (AT HOME, STREET, FACTORY, OFFICE, pol) oftended the deceosed from 19 view the body after death. PRINT) | ATTENDIN PHYSICIA 22e. ADDRESS | nion death occurred on the date and IG MEDICAL STAFF IN DIRECTOR PHYSICIAN | 19, that NI (we) los hour and from the causes stated |
| 230 1 | WHILE AT WORK 22a. I certify that My (this hospite saw the deceased alive an abave, (1) (Ma) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE OR | (AT HOME, STREET, FACTORY, OFFICE, pol) oftended the deceosed from 19 view the body after death. PRINT) | DEGREE ATTENDIN PHYSICIA 22e ADDRESS NAME OF COMETERN OR CREMATO | nion death occurred on the date and IG MEDICAL STAFF IN DIRECTOR PHYSICIAN | 22c. DATE SIGNED COUNTY STATE |

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove corbonopoen. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

